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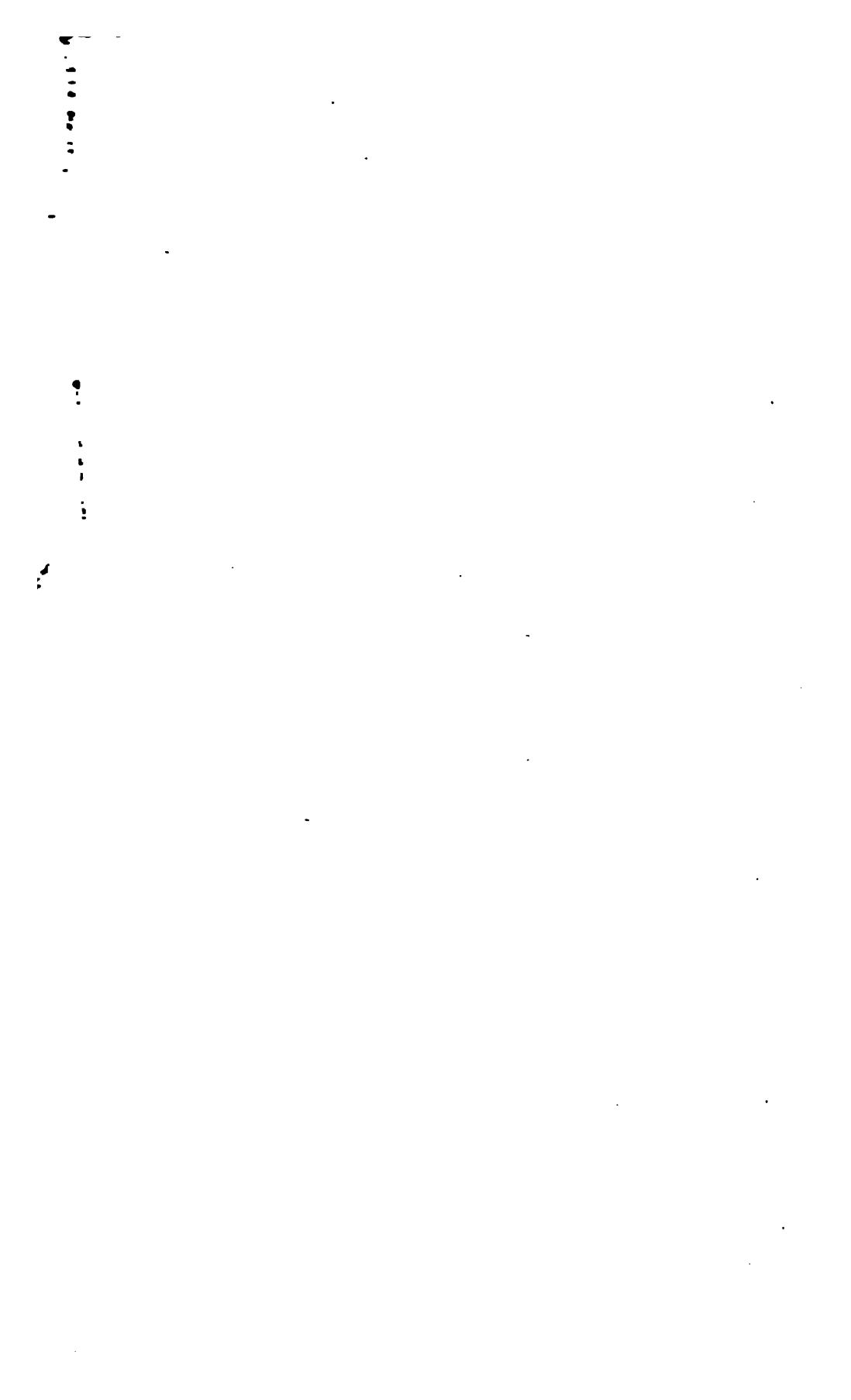
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2045

PROCEEDINGS

AT THE

FIFTY-EIGHTH ANNUAL CONVENTION

OF THE

CONNECTICUT MEDICAL SOCIETY,

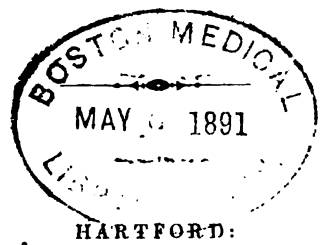
MAY, 1850,

TOGETHER WITH THE NAMES OF THE

OFFICERS OF THE CONNECTICUT MEDICAL SOCIETY,

FROM ITS ORGANIZATION TO THE PRESENT TIME,

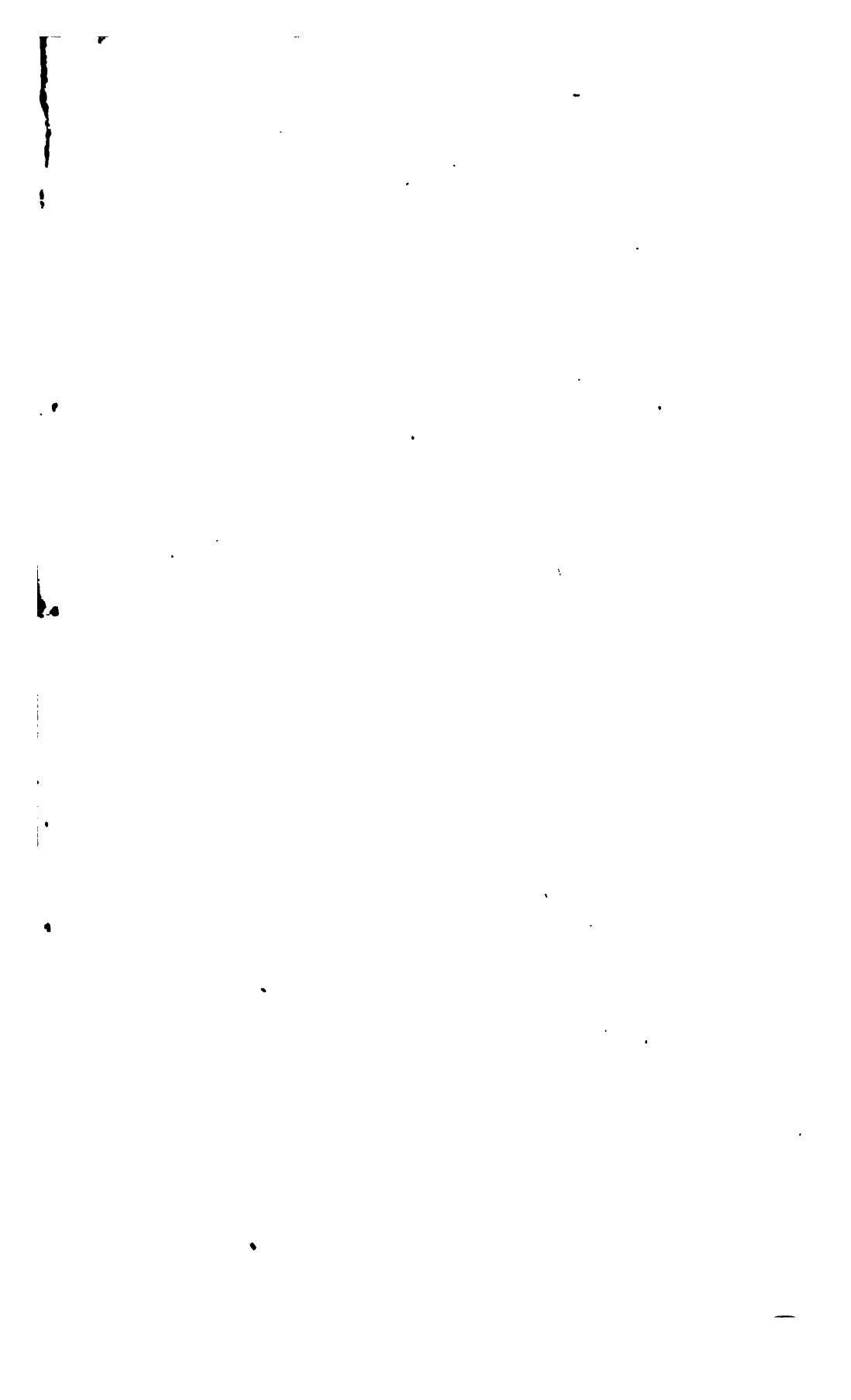
A LIST OF MEMBERS AND THE ADDRESS.



PRESS OF CASE, TIFFANY AND COMPANY.

1850.







PROCEEDINGS

AT THE

FIFTY-EIGHTH ANNUAL CONVENTION

OF THE

CONNECTICUT MEDICAL SOCIETY,

M A Y, 1850,

TOGETHER WITH THE NAMES OF THE

OFFICERS OF THE CONNECTICUT MEDICAL SOCIETY,

FROM ITS ORGANIZATION TO THE PRESENT TIME,

A LIST OF MEMBERS AND THE ADDRESS.



HARTFORD:

PRESS OF CASE, TIFFANY AND COMPANY.

1850.

OFFICERS OF THE SOCIETY.

GEORGE SUMNER, M. D., PRESIDENT.
RUFUS BLAKEMAN, M. D., VICE PRESIDENT.
V. M. DOW, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

STANDING COMMITTEES.

Committee of Examination.

GEORGE SUMNER, M. D., *ex officio*.
ALVAN TALCOTT, M. D.
HIRAM HOLT, M. D.
ORSON WOOD, M. D.
P. A. JEWETT, M. D.
BENJAMIN WELCH, M. D.

Committee to nominate Physician to the Retreat for the Insane.

WORTHINGTON HOOKER, M. D.
ASHBEL WOODWARD, M. D.
ORRIN WITTER, M. D.
WILLIAM WITTER, M. D.
RUFUS BLAKEMAN, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

ALDEN SKINNER, M. D.
ELIJAH MIDDLEBROOK, M. D.
NORMAN LYMAN, M. D.
JOHNSON C. HATCH, M. D.
JOSIAH G. BECKWITH, M. D.

*At the Annual Convention of the President and Fellows of
the Connecticut Medical Society, held in the Medical Col-
lege, in the City of New Haven, May 8, 1850,*

The President being absent, the Convention was called to order by the Vice President, when the certificates of the election of Fellows from the several counties were presented by the Secretary and referred to a committee consisting of Drs. Webb, Warner, Downing, Beach, Hawley, Deming, and White, who reported the following roll of members:

HARTFORD COUNTY.

Lucius Woodruff, M. D., *New Britain*,
Aretus Rising, M. D., *Suffield*,
*Sabin Stocking, M. D., *Eastbury*,
M. W. Wilson, M. D., *Hartford*,
G. B. Hawley, M. D., *Hartford*.

NEW HAVEN COUNTY.

Reynold Webb, M. D., *Madison*,
*B. H. Catlin, M. D., *W. Meriden*,
E. H. Bishop, M. D., *New Haven*,
P. A. Jewett, M. D., *New Haven*,
Joel Canfield, M. D., *Guilford*.

NEW LONDON COUNTY.

Eleazer B. Downing, M. D., *Preston*,
*Wm. Hyde, Jr., M. D., *Stonington*,
Chauncey Burgess, M. D., *Norwich*,
*Mason Manning, M. D., *Mystic*,
D. T. Brainard, M. D., *N. London*.

FAIRFIELD COUNTY.

F. J. Judson, M. D., *Bridgeport*,
Justus Sherwood, M. D., *Southport*,
George Blackman, M. D., *Westport*,
Elijah Middlebrook, M. D., *Trumbull*,
Samuel Beach, M. D., *Bridgeport*.

MIDDLESEX COUNTY.

Richard Warner, M. D., *Middletown*,
Datus Williams, M. D., *E. Haddam*,
Rufus Baker, M. D., *Deep River*.

TOLLAND COUNTY.

*Orrin C. White, M. D., *Hebron*,
B. M. Comings, M. D., *Rockville*,
Timothy Dimock, M. D., *So. Coventry*.

WINDHAM COUNTY.

Dan'l A. Hovey, M. D., *S. Killingly*,
Samuel Bowen, M. D., *Thompson*,
Nathan S. Pike, M. D., *Sterling*,
Wm. Witter, M. D., *Willimantic*,
David E. Hall, M. D., *W. Killingly*.

LITCHFIELD COUNTY.

Manly Peters, M. D., *Woodville*,
Ralph Deming, M. D., *Sharon*,
James Welch, M. D., *W. Winsted*,
G. H. St. John, M. D., *Gaylord's Bridge*,
J. Edward Smith, M. D., *W. Cornwall*.

The report of the committee from the last Convention, submitting rules of order for the consideration of the Convention, was then read, and on motion adopted for the use of the present Convention.

Then proceeded to the election of officers for the ensuing year; when

GEORGE SUMNER, M. D. was re-elected President.

RUFUS BLAKEMAN, M. D., " Vice President.

V. M. DOW, M. D., Treasurer.

J. G. BECKWITH, M. D., Secretary.

Drs. P. A. Jewett and Judson were appointed a Committee on Unfinished Business.

The Treasurer presented his report, which was read, accepted, and referred to an Auditing Committee consisting of Drs. Warner, Woodruff, Bishop, Brainard, Deming, Witter, Middlebrook and White.

Abstract of Treasurer's Report.—Financial Summary.

Cash in Treasury,	\$123 06½
Due from Clerks, good and bad,	\$1,343 81
Deducting one-third of the whole for bad debts, commissions, abatements, &c.	447 94
	<hr/> 895 87

Leaves a balance of \$1,018 93½

The Society owes,

For outstanding debentures,	\$296 00
To J. B. Whitcomb, overpayment,	4 45½
Balance in favor of Society,	718 48
	<hr/> \$1,018 93½

Of the outstanding debentures,

Amount issued in May last,	\$156 00
Redeemed within the year,	\$226 37½
Excess redeemed over amount issued,	70 37½
	<hr/> \$226 37½

Dr. Jewett, from the Committee on Unfinished Business, reported that the only business which came before the present Convention from the last, was the action of the several counties on the report of the committee appointed by the Convention of 1849, on

alterations and amendments to the Constitution and By-laws of the Connecticut Medical Society.

Report accepted and committee discharged.

Voted, That the papers presented by the Treasurer be referred to the Auditing Committee.

Drs. Judson, St. John and Burgess were appointed a Committee on Debentures.

Drs. Brainard, Hawley, Blackman and Witter were appointed a committee to report the names of Delegates to the National Convention in May 1851.

Drs. Webb, Wilson, Hyde, Welch, Bowen, Sherwood, Baker and Dimock, on gratuitous students.

Drs. Jewett, Middlebrook, Stocking, Smith, Hall, Williams and Comings, on honorary degrees and honorary membership.

Dr. Brainard, from Committee on Delegates to the National Convention, reported the names of Rufus Blakeman, P. A. Jewett, Worthington Hooker and J. G. Beckwith.

Report accepted and they were accordingly appointed.

Drs. Brainard, Hawley, Bishop, Beach, Peters, Pike, Warner and Dimock were then appointed to report the name of a Dissertator for the next Convention.

Dr. Witter then presented the report of the proceedings of the Committee of Examination, which was read, accepted, and ordered to be placed on file.

Dr. Brainard, from the Committee appointed to nominate a Dissertator to the next Convention, reported the name of Frederick J. Judson, M. D., of Bridgeport, as Dissertator. Dr. Judson, having stated to the Convention that the state of his health might render the fulfillment of his appointment impracticable, the report was re-committed to the committee, whereupon they amended the report by inserting the name of V. M. Dow, M. D., as his substitute.

Report accepted.

Dr. Jewett, from the Committee on Honorary Degrees and Honorary Membership, reported the names of Dr. Merrill W. Williams, of New York city, and Adonijah White, of Andover, for the honorary degree of Doctor of Medicine, to be recommended to the President and Fellows of Yale College for appointment. Also the name of James M. Smith, M. D., of Springfield, Mass., for honorary membership.

Report accepted, and on balloting it appeared that they were severally elected as recommended by the Committee.

On motion, the Convention adjourned to 3 o'clock P. M.

Three o'clock, P. M.

The Convention met pursuant to adjournment.

Johnson C. Hatch, M. D., read a Dissertation on the Importance of a Knowledge of the Principles of Medical Jurisprudence to the Physician.

On motion of Dr. Beach, voted, That the thanks of this Convention be tendered to Dr. Hatch for his able and interesting address, and that it be published with the proceedings of the Convention.*

The Convention then proceeded to fill the vacancies in the standing committees, as follows:

In the Committee of Examination, by the election of P. A. Jewett M. D., and Benjamin Welch, M. D.

On motion, the balloting was postponed until Thursday morning.

On motion of Dr. Wilson, the Convention then proceeded to consider the action of the several counties on the report of the Committee on the alterations and amendments to the Constitution and By-laws of the Society.

Voted, That the report be considered by sections.

The Secretary then read the first section of the report, increasing the number of Fellows from five to ten, excepting in the counties of Middlesex and Tolland, which were increased from three to six.

After some discussion, the following amendment was proposed by Dr. Bishop, having been passed at the annual meeting of the New Haven County Medical Society, viz:

"That the members of each county may appoint a number of Fellows in the proportion of one Fellow to every eight members of such county who shall have paid all taxes which may have been duly laid by the Society, or who shall have been legally exempted from such payment; provided, that no County Society shall be entitled to more than eight nor less than three members."

After the resolution and the amendment had been discussed, Dr. Jewett proposed the following amendment to the amendment of Dr. Bishop, viz:

That each county be allowed one delegate to every five tax paying members; but that no county be allowed more than eight nor less than five members.

On motion of Dr. Coming, the proposed amendments were laid upon the table.

* The printing and distribution of the proceedings have been delayed several weeks, by the Secretary, in consequence of not having before received a copy of the address which was requested by the Convention.

On motion of Dr. Witter, the whole subject was indefinitely postponed.

On motion, the Convention adjourned to meet at 8 o'clock A. M. of Thursday.

Thursday, May 9th.

Convention met pursuant to adjournment.

On motion, proceeded to fill the remainder of the vacancies, in the standing committees.

The vacancies in the Standing Committee to nominate Physician to the Retreat, by the election of William Witter, M. D., and Rufus Blakeman, M. D.

In the Standing Committee to nominate Professors in the Medical Institution of Yale College, by the election of Johnson C. Hatch, M. D., and J. G. Beckwith, M. D.

Dr. Webb, from the Committee on Gratuitous Students, reported that the following gentlemen were recommended from the several counties, viz :

Hartford County,	——— Warner, <i>East Windsor</i> .
New London County,	Orlando Brown.
Windham County,	Gideon B. Perry.
Litchfield County,	Samuel Catlin, Jr., <i>Litchfield</i> .
Middlesex County,	Richard M. Buell.
New Haven County,	Henry Eddy.
Fairfield County,	Storrs Hall, <i>Norwalk</i> .

The vacancy in Tolland County was filled by the name of Fisk Shailor, of *Saybrook*.

Dr. Warner, from the Committee on the Treasurer's report, made a report, which was read, accepted, and ordered to be printed.

On motion of Dr. Jewett, the rules of order reported by the Committee on the Constitution and By-laws, were adopted as the standing rules of the Society, and ordered to be published with the proceedings of the Convention.

Dr. Judson, from the Committee on Debentures, made a report, which was accepted, and the bill ordered to be paid.

On motion of Dr. Jewett, the Treasurer was ordered to pay the expenses of such members of the Committee on the revision of the Constitution and By-laws as attended to the duties assigned them by the Convention.

Voted, That a tax of one dollar and fifty cents be laid upon each member of the Society, payable on and after the 1st of June next.

On motion of Dr. Jewett, the following resolution was adopted,

viz: That a Committee of one from a county be appointed to take into consideration the changes, if any be deemed necessary, in the Constitution and By-laws of this Society; said Committee to confer with the different counties on the subject, and report to the next Convention.

The following gentlemen were appointed said committee, viz: New Haven County, Jonathan Knight; Hartford County, Archibald Welch; New London County, Dyer T. Brainard; Windham County, William Witter; Middlesex County, Richard Warner; Fairfield County, Elijah Middlebrook; Litchfield County, J. G. Beckwith; Tolland County, Timothy Dimock.

Resolved, That the Secretary furnish said Committee with all the papers on this subject now before the Convention.

There being no further business before the Convention, it adjourned *sine die*.

Attest, JOSIAH G. BECKWITH, *Secretary*.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

*FELIX PASCALIS,	New York.
JAMES JACKSON,	Boston, Mass.
JOHN C. WARREN,	" "
*SAMUEL L. MITCHELL,	New York.
*DAVID HOSACK,	" "
*WRIGHT POST,	" "
BENJAMIN SILLIMAN,	New Haven.
*GEORGE MCLELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
THEODORE ROMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
*WILLIAM P. DEWEES,	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	" "
*PHILIP SYNG PHYSICK,	Philadelphia, Pa.
*LEWIS HEERMANN,	U. S. Navy.
DANIEL DRAKE,	Cincinnati, Ohio.
*HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Hudson, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	New Haven.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
*SAMUEL B. WOODWARD,	Northampton, Mass.
*JOHN STEARNS,	New York.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
*HENRY GREEN,	Albany, N. Y.
*GEORGE FROST,	Springfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
AMOS TWITCHELL,	Keene, N. H.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
JAMES M. SMITH,	Springfield, Mass.

* Deceased.



ORDINARY MEMBERS.

*The names of those Members who are exempt from taxation by age,
are in italics : the names of those who have been Presidents of the
Society, are in capitals.*

HARTFORD COUNTY.

GURDON W. RUSSELL, M. D., Chairman.

A. W. BARROWS, M. D., Clerk.

HARTFORD , GEORGE SUMNER,	FARMINGTON , Asahel Thompson, E.
Henry Holmes, Sampel B. Beresford,	W. Carrington, Chauncey Brown.
George B. Hawley, Gurdon W. Rus-	<i>Plainville</i> , G. A. Moody.
sell, David Crary, P. W. Ellsworth,	<i>Unionville</i> , Wm. H. Sage.
<i>Benjamin Rogers</i> , E. K. Hunt, John	GLASTENBURY , Ralph Carter, Clinton
S. Butler, H. A. Grant, Norman K.	Bunce.
Johnson, J. C. Jackson, A. W. Bar-	<i>South Glastenbury</i> , Roswell Hawley,
rows, Thomas Miner, M. W. Wilson,	Luman J. Andrus, Henry Gilbert.
ARCHIBALD WELCH .	<i>Eastbury</i> , Sabin Stocking.
<i>West Hartford</i> , Edward Brace.	GRANBY , Jairus Case, <i>Jos. F. Jewett</i> .
AVON , Alfred Kellogg.	<i>North Granby</i> , E. F. Erving.
BERLIN , Horatio Gridley, E. Brandegee,	<i>East Granby</i> , Chester Hamlin.
Jr.	<i>West Granby</i> , Justus D. Wilcox.
NEW BRITAIN , <i>Samuel Hart</i> , Lucius	MANCHESTER , William C. Williams,
Woodruff, E. D. Babcock, P. G.	William Scott.
Rockwell.	ROCKY HILL , <i>Sylvester Bulkley</i> .
BLOOMFIELD , John F. Wells.	SIMSBURY , Roderick A. White.
BRISTOL , Joseph W. Camp.	<i>Tariffville</i> , Geo. W. Sanford, Charles
BURLINGTON , William Elton, 2d.	W. Ensign.
CANTON , Benadam Kasson, Thomas G.	SOUTHRINGTON , Julius S. Barnes, —
Hazen.	Byington.
<i>Collinsville</i> , Russell H. Tiffany, O. B.	SOUTH WINDSOR , Horace C. Gillette,
Freeman.	Sidney Rockwell, William Wood.
EAST HARTFORD , <i>Eli Hall</i> , Seth L.	SUFFIELD , <i>Asaph L. Bissell</i> , Samuel B.
Child.	Low, Aretus Rising.
EAST WINDSOR , Hiram Watson.	WETHERSFIELD , E. F. Cooke, A. S.
<i>Broad Brook</i> , Marcus L. Fisk.	Warner.
<i>Warehouse Point</i> , Joseph Olmsted.	WINDSOR , <i>William S. Pierson</i> , Theo-
ENFIELD , J. P. Converse, A. L. Spald-	dore Sill, Graham Lee.
ing.	<i>Windsor Locks</i> , Samuel W. Skinner.
<i>Thompsonville</i> , Stephen G. Risley.	<i>Pogunock</i> , Oliver B. Griggs.

NEW HAVEN COUNTY.

ISAAC GOODSSELL, M. D., Chairman.

DAVID A. TYLER, M. D., Clerk.

- NEW HAVEN**, *Eli Ives*, T. P. Beers,
Jonathan Knight, Samuel Punder-
son, V. M. Dow, A. S. Monson,
Charles Hooker, H. B. Porter, Na-
than B. Ives, E. H. Bishop, E. D.
North, J. A. Totten, A. C. Blakeslee,
L. A. Thomas, Levi Ives, Pliny A.
Jewett, J. T. Hotchkiss, D. L. Dag-
gett, George O. Sumner, D. A. Tyler,
Henry Bronson, E. A. Park, N. W.
Taylor, Jr., H. A. Carrington, A.
Moody, W. J. Whiting, S. G. Hub-
bard, H. W. E. Matthews.
Westville, Samuel Lloyd.
Fair Haven, C. S. Thompson, J. H.
Beecher, W. M. White, Lyman Par-
ker.
BETHANY, Asa C. Woodward.
BRANFORD, Willoughby L. Lay.
CHESHIRE, A. J. Driggs, Nehemiah
Banks.
DERBY, S. H. Catlin.
Ansonia, Samuel P. Church.
Birmingham, Ambrose Beardsley, T.
Dutton.
Humphreysville, *Abiram Stoddard*,
Sheldon C. Johnson, Joshua Kendall,
Thomas Stoddard.
- EAST HAVEN**, *Bela Farnham*.
GUILFORD, Joel Canfield, Elisha Hutch-
inson, Alvan Talcott.
MADISON, Reynold Webb.
MERIDEN, Gardiner Barlow.
West Meriden, B. H. Catlin, Edward
W. Hatch.
Yalesville, C. B. McCarty.
MIDDLESBURY,
MILFORD, *Andrew French*, Hull Allen,
L. N. Beardsley.
NAUGATUCK, J. D. Mears, Timothy
Langdon.
NORTH BRANFORD, Sheldon Beardsley.
NORTH HAVEN, C. B. Foote.
OXFORD, *Noah Stone*, John Lounsbury.
SOUTHBURY, A. B. Burritt.
South Britain, N. C. Baldwin.
WALLINGFORD, B. H. Harrison, S. W.
Clark.
WATERBURY, *Joseph Porter*, Daniel
Porter, Jr., M. C. Leavenworth, G.
L. Platt, W. W. Rodman, John Dea-
con, George E. Perkins, M. H. Per-
kins.
WOODBIDGE, *Isaac Goodsell*, Andrew
Castle.
WOLCOTT, Henry Byington.

NEW LONDON COUNTY.

NATHANIEL S. PERKINS, M. D., Chairman.

SETH SMITH, M. D., Clerk.

- NEW LONDON**, *Archibald Mercer, Dyer*
T. Brainard, Nathaniel S. Perkins,
James Morgan, Isaac G. Porter,
Wm. W. Miner, *James Rogers*, Seth
Smith, C. T. Cone, D. P. Francis,
Archibald T. Douglass, Albert Wit-
ter, Albert Hobson.
NORWICH, Richard P. Tracy, Worth-
ington Hooker, Chauncey Burgess,
Elijah Dyer, Jr., Elisha Pinney,
Benjamin T. Roath, Jonathan W.
Brooks, B. F. Barker, Ashbel B.
Haile, John D. Ford, Robert A. Man-
waring, Jeremiah King, Edwin
Bentley, Benjamin S. Dean.
BOZEAH, Samuel Johnson.
COLCHESTER, *Ezekiel W. Parsons*,
Frederick Morgan.
EAST LYME, *John L. Smith*, Austin
F. Perkins.
FRANKLIN, Ashbel Woodward.
GREISWOLD.
Jewett City, Alonzo Fuller.
GROTON, Joseph Durfee.
- Portersville**, *John O. Miner*, Elias F.
Coats.
LEBANON, *Joseph Comstock*, *Erastus*
Osgood, Richard P. Green.
LEDYARD.
Gales' Ferry, Rufus W. Matthewson.
LISBON, Vine Smith.
LYME, *Richard Noyes*, John Noyes.
North Lyme, Wm. W. J. Warren.
MONTVILLE, *Ephraim Fellows*, Samuel
E. Maynard, Elisha Hewitt.
Uncasville, Jedediah R. Gay, John C.
Bolles.
NORTH STONINGTON, Thomas P. Wat-
des, Alvah Gray.
PRESTON, *Avery Downer*, *Eleaser B.*
Downing.
Poquetannock, H. W. Coats.
SALEM, John P. Fuller.
STONINGTON, Wm. Hyde, George E.
Palmer, Wm. Hyde, Jr.
Mystic, Mason Manning.
Hamburg, Wm. A. Babcock.

FAIRFIELD COUNTY.

E. MIDDLEBROOK, M. D., Chairman.

SAMUEL BEACH, M. D., Clerk.

FAIRFIELD, Jeremiah T. Denison, S. P.	NEWTOWN, Cyrenius H. Booth, E.
V. R. Ten Broeck.	Irwin, George Judson.
Greenfield, Rufus Blakeman.	NORWALK, John A. McLean, Ira Gregory.
Southport, Justus Sherwood.	REDDING, Charles Gorham.
BRIDGEPORT, Samuel Beach, D. H.	RIDGEFIELD, Nehemiah Perry.
Nash, William L. Watson, Frederick	SHEEMAN, Dana W. Northrop..
J. Judson, L. W. Burritt, Wm. Nash.	STAMFORD, Chauncey Ayres, N. D.
BROOKFIELD, Noah A. Lacey, A. L.	Haight.
Williams.	STRATFORD, William T. Shelton, John
DANBURY, R. B. Botsford, E. P. Bennett.	Goulding.
Bethel, H. N. Bennett, J. S. Andrews.	TRUMBULL, ELIJAH MIDDLE-
DARIEN, Warren Percival.	BROOK, George Dyer.
EASTON, Lloyd Seeley, James Baldwin.	WESTPORT, George Blackman, J.
HUNTINGTON, James H. Shelton.	Jauncey.
MONROE, Sturges Bulkley, Salmon H.	WILTON, Sylvester Mead.
Hall.	
NEW CANAAN, Samuel S. Noyes, Lewis	
Richards.	

WINDHAM COUNTY.

LORENZO MARCY, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel	Plainfield, Cent'l P. O., Morey Burgess,
M. Hale, William Woodbridge.	Elij. Baldwin, Jr., Horace Burgess.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Wil-
CANTERBURY, Elijah Baldwin, Joseph	liams.
Palmer.	STERLING, Nathan S. Pike.
CHAPLIN, Orrin Witter.	THOMPSON, Samuel Bowen.
HAMPTON, Dyer Hughes.	VOLUNTOWN, Harvey Campbell.
KILLINGLY, Justin Hammond.	WINDHAM, Chester Hunt, De Witt C.
North Killingly, Fenner H. Peckham.	Lathrop.
South Killingly, Daniel A. Hovey.	Willimantic, William Witter, John
West Killingly, David E. Hall, Samuel	Hill, Jr.
Hutchins, Stephen C. Griggs.	Scotland, Calvin B. Bromley.
Wilkinsonville, Henry W. Hough,	WOODSTOCK, North, Asa Witter.
Thomas W. Perry.	South Woodstock, Lorenzo Marcy.
Daysville, Charles H. Fuller.	West Woodstock, Milton Bradford,
PLAINFIELD, William H. Cogswell.	Charles H. Rogers.
	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

B. B. NORTH, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, WILLIAM BUEL,	BETHLEHEM, G. G. Bissell.
Samuel Buel, J. G. Beckwith, George	BRIDGEWATER, Horace Judson.
Seymour, D. E. Bostwick, Chs. Vail.	CANAAN, A. A. Wright, George Adam,
South Farms, Garry H. Miner.	Ithamer H. Smith.
BARKHAMSTED, F. B. Graham.	South Canaan, John A. Gillett.

NEW HAVEN COUNTY.

ISAAC GOODSELL, M. D., Chairman.

DAVID A. TYLER, M. D., Clerk.

- NEW HAVEN**, *Eli Ives*, T. P. Beers,
Jonathan Knight, Samuel Punder-
son, V. M. Dow, A. S. Monson,
Charles Hooker, H. B. Porter, Na-
than B. Ives, E. H. Bishop, E. D.
North, J. A. Totten, A. C. Blakeslee,
L. A. Thomas, Levi Ives, Pliny A.
Jewett, J. T. Hotchkiss, D. L. Dag-
gett, George O. Sumner, D. A. Tyler,
Henry Bronson, E. A. Park, N. W.
Taylor, Jr., H. A. Carrington, A.
Moody, W. J. Whiting, S. G. Hub-
bard, H. W. E. Matthews.
- Westville**, Samuel Lloyd.
- Fair Haven**, C. S. Thompson, J. H.
Beecher, W. M. White, Lyman Par-
ker.
- BETHANY**, Asa C. Woodward.
- BRANFORD**, Willoughby L. Lay.
- CHESHIRE**, A. J. Driggs, Nehemiah
Banks.
- DERBY**, S. H. Catlin.
- Ansonia**, Samuel P. Church.
- Birmingham**, Ambrose Beardsley, T.
Dutton.
- Humphreysville**, *Abiram Stoddard*,
Sheldon C. Johnson, Joshua Kendall,
Thomas Stoddard.
- EAST HAVEN**, *Bela Farnham*.
- GUILFORD**, Joel Canfield, Elisha Hutch-
inson, Alvan Talcott.
- MADISON**, Reynold Webb.
- MERIDEN**, Gardiner Barlow.
- West Meriden**, B. H. Catlin, Edward
W. Hatch.
- Yaleville**, C. B. McCarty.
- MIDDLEBURY**,
MILFORD, *Andrew French*, Hull Allen,
L. N. Beardsley.
- NAUGATUCK**, J. D. Mears, Timothy
Langdon.
- NORTH BRANFORD**, Sheldon Beardsley.
- NORTH HAVEN**, C. B. Foote.
- OXFORD**, *Noah Stone*, John Lounsbury.
- SOUTHBURY**, A. B. Burritt.
- South Britain*, N. C. Baldwin.
- WALLINGFORD**, B. H. Harrison, S. W.
Clark.
- WATERBURY**, *Joseph Porter*, Daniel
Porter, Jr., M. C. Leavenworth, G.
L. Platt, W. W. Rodman, John Dea-
con, George E. Perkins, M. H. Per-
kins.
- WOODBRIIDGE**, *Isaac Goodsell*, Andrew
Castle.
- WOLCOTT**, Henry Byington.

NEW LONDON COUNTY.

NATHANIEL S. PERKINS, M. D., Chairman.

SETH SMITH, M. D., Clerk.

- NEW LONDON**, *Archibald Mercer*, *Dyer*
T. Brainard, Nathaniel S. Perkins,
James Morgan, Isaac G. Porter,
Wm. W. Miner, *James Rogers*, Seth
Smith, C. T. Cone, D. P. Francis,
Archibald T. Douglass, Albert Wit-
ter, Albert Hobson.
- NORWICH**, Richard P. Tracy, Worth-
ington Hooker, Chauncey Burgess,
Elijah Dyer, Jr., Elisha Pinney,
Benjamin T. Roath, Jonathan W.
Brooks, B. F. Barker, Ashbel B.
Haile, John D. Ford, Robert A. Man-
waring, Jeremiah King, Edwin
Bentley, Benjamin S. Dean.
- BOZRAH**, Samuel Johnson.
- COLCHESTER**, *Ezekiel W. Parsons*,
Frederick Morgan.
- EAST LYME**, *John L. Smith*, Austin
F. Perkins.
- FRANKLIN**, Ashbel Woodward.
- GRISWOLD**.
- Jewett City*, Alonso Fuller.
- GROTON**, Joseph Durfee.
- Portersville*, *John O. Miner*, Elias F.
Coats.
- LEBANON**, *Joseph Comstock*, *Erastus*
Osgood, Richard P. Green.
- LEDYARD**.
- Gales' Ferry*, Rufus W. Matthewson.
- LISBON**, Vine Smith.
- LYME**, *Richard Noyes*, John Noyes.
- North Lyme*, Wm. W. J. Warren.
- MONTVILLE**, *Ephraim Fellows*, Samuel
E. Maynard, Elisha Hewitt.
- Uncasville*, Jedediah R. Gay, John C.
Bolles.
- NORTH STONINGTON**, Thomas P. Wat-
tles, Alvah Gray.
- PRESTON**, *Avery Dowdner*, *Eleazer B.*
Downing.
- Poquetannock*, H. W. Coats.
- SALEM**, John P. Fuller.
- STONINGTON**, Wm. Hyde, George E.
Palmer, Wm. Hyde, Jr.
- Mystic*, Mason Manning.
- Hamburg*, Wm. A. Babcock.

FAIRFIELD COUNTY.

E. MIDDLEBROOK, M. D., Chairman.

SAMUEL BEACH, M. D., Clerk.

FAIRFIELD, Jeremiah T. Denison, S. P.	NEWTOWN, Cyrenius H. Booth, E.
V. R. Ten Broeck.	Irwin, George Judson.
Greenfield, Rufus Blakeman.	NORWALK, John A. McLean, Ira Gregory.
Southport, Justus Sherwood.	REDDING, Charles Gorham.
BRIDGEPORT, Samuel Beach, D. H.	RIDGEFIELD, Nehemiah Perry.
Nash, William L. Watson, Frederick	SHERMAN, Dana W. Northrop.
J. Judson, L. W. Burritt, Wm. Nash.	STAMFORD, Chauncey Ayres, N. D.
BROOKFIELD, Noah A. Lacey, A. L.	Haight.
Williams.	STRATFORD, William T. Shelton, John
DANBURY, R. B. Botsford, E. P. Bennett.	Goulding.
Bethel, H. N. Bennett, J. S. Andrews.	TRUMBULL, ELIJAH MIDDLE-
DARIEN, Warren Percival.	BROOK, George Dyer.
EASTON, Lloyd Seeley, James Baldwin.	WESTPORT, George Blackman, J.
HUNTINGTON, James H. Shelton.	Jauncey.
MONROE, Sturges Bulkley, Salmon H.	WILTON, Sylvester Mead.
Hall.	
NEW CANAAN, Samuel S. Noyes, Lewis	
Richards.	

WINDHAM COUNTY.

LORENZO MARCY, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel M. Hale, William Woodbridge.	Plainfield, Cent'l P. O., Morey Burgess, Elij. Baldwin, Jr., Horace Burgess.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Williams.
CANTERSURY, Elijah Baldwin, Joseph Palmer.	STERLING, Nathan S. Pike.
CHAPLIN, Otis Witter.	THOMPSON, Samuel Bowen.
HAMPTON, Dyer Hughes.	VOLUNTOWN, Harvey Campbell.
KILLINGLY, Justin Hammond.	WINDHAM, Chester Hunt, De Witt C. Lathrop.
North Killingly, Fenner H. Peckham.	Williamantic, William Witter, John Hill, Jr.
South Killingly, Daniel A. Hovey.	Scotland, Calvin B. Bromley.
West Killingly, David E. Hall, Samuel Hutchins, Stephen C. Griggs.	WOODSTOCK, North, Asa Witter.
Wilkinsonville, Henry W. Hough, Thomas W. Perry.	South Woodstock, Lorenzo Marcy.
Daysville, Charles H. Fuller.	West Woodstock, Milton Bradford, Charles H. Rogers.
PLAINFIELD, William H. Cogswell.	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

B. B. NORTH, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, WILLIAM BUEL,	BETHLEHEM, G. G. Bissell.
Samuel Bud, J. G. Beckwith, George	BRIDGEWATER, Horace Judson.
Seymour, D. E. Bostwick, Chs. Vail.	CANAAN, A. A. Wright, George Adam,
South Farms, Catty H. Miner.	Ithamer H. Smith.
BARKHAMSTED, F. B. Graham.	South Canaan, John A. Gillett.

CORNWALL, Burritt B. North.	ROXBURY, Myron Downs.
<i>West Cornwall</i> , Samuel W. Gold, I.	SALISBURY, O. Plumb, Wm. Warden.
E. Smith.	<i>Lakeville</i> , Benjamin Welch, Jr.
<i>North Cornwall</i> ,	SHARON, Ralph Deming, Chauncey
COLEBROOK,	Reed.
<i>Gaylord's Bridge</i> , Gamaliel H. St.	<i>Wolcottville</i> , Erastus Bancroft.
John.	WARREN, Norman Lyman.
GOSHEN, A. M. Huxley.	<i>Woodville</i> , Manly Peters.
HARWINTON,	WASHINGTON, R. M. Fowler.
KENT, <i>Wells Beardsley</i> , Johnson C.	<i>New Preston</i> , Sidney H. Lyman, Ed-
Hatch, Eliada Osborn.	ward P. Lyman.
NEW HARTFORD, Centre,	WEST WINSTED, James Welch, H. G.
NEW MILFORD, <i>Jehiel Williams</i> , Wm.	Westlake, John L. Wakefield.
B. Lacy.	WOODBURY, <i>Roswell Abernethy</i> , Chas.
NORFOLK, William W. Welch.	H. Webb.
PLYMOUTH, Samuel T. Salisbury.	<i>Terryville</i> ,
<i>Plymouth Hollow</i> , William Woodruff.	

MIDDLESEX COUNTY.

RUFUS TURNER, M. D., Chairman.

G. C. H. GILBERT, M. D., Clerk.

MIDDLETOWN, Richard Warner, Joseph	HADDAM, Ira Hutchinson.
Barrett, Charles Woodward, William	<i>Higganum</i> , William H. Tremaine,
B. Casey, David Harrison, Hamilton	KILLINGWORTH, Rufus Turner.
Brewer, Franklin Woodruff,	PORTLAND, George O. Jarvis, Stephen
CHATHAM, Francis G. Edgerton.	A. Fuller, G. C. H. Gilbert.
<i>Middle Haddam</i> , Albert B. Worthing-	SAYBROOK, Asa H. King.
ton.	<i>Essex</i> , Alexander H. Hough, Frederick
CHESTER, S. W. Turner.	W. Shepard.
CLINTON, Denison H. Hubbard.	<i>Deep River</i> , Rufus Baker.
DURHAM, Benjamin M. Fowler.	WESTBROOK, Horace Burr, — Way.
EAST HADDAM, <i>Asa M. Holt</i> , Datus	
Williams, Elisha B. Nye.	

TOLLAND COUNTY.

ORSON WOOD, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, <i>Ahijah Ladd</i> , Oliver K.	MANSFIELD, North, Norman Brigham,
Isham, Gilbert H. Preston.	Wm. H. Richardson, Albert Mor-
ANDOVER, Adonijah White.	rison.
BOLTON, Orrin Hunt, Charles F. Sum-	<i>South Mansfield</i> , Earl Swift.
ner.	SOMERS, Orson Wood, Erasmus E.
COLUMBIA, Harrison McIntosh.	Hamilton.
COVENTRY, North, <i>Eleazer Hunt</i> .	STAFFORD, East, William N. Clark,
<i>South Coventry</i> , Timothy Dimock, H.	Eleazer S. Beebe.
M. Booth.	<i>Stafford, West</i> , Joshua C. Blodget.
ELLINGTON, <i>Allen Hyde</i> , J. H. Man-	UNION, E. Lindsley, S. F. Lindsley.
ning.	VERNON, Alden Skinner, C. B. Ham-
HEBRON, JOHN S. PETERS, Orrin	mond.
C. White, Elijah A. Woodward.	<i>Rockville</i> , Benjamin M. Comings.
	WILLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1849-50, WITH THE DEATHS FOR 1850.

	Taxable.		Not Taxable.		Total.		Deaths.
	1849	1850	1849	1850	1849	1850	1850
Hartford County,	70	69	4	7	74	76	0
New Haven County,	68	71	6	7	74	78	1
New London County,	49	48	8	13	57	61	0
Fairfield County,	41	37	4	4	45	41	1
Litchfield County,	38	38	10	6	48	44	4
Windham County,	32	34	2	2	34	36	2
Middlesex County,	24	26	0	1	24	27	0
Tolland County,	24	24	6	5	30	29	1
Total,	346	347	40	45	386	392	9

SUMMARY OF MEMBERS IN FORMER YEARS.

	Taxable.	Not Taxable.	Total.
1823	—	—	219
1830	—	—	301
1840	345	31	376
1850	347	45	392

NOTE. Former Fellows of the Connecticut Medical Society are *permanent members* of the Annual Convention, having the privilege of attending all meetings, and performing all the duties, of attending members, except that of casting their votes. And all members of the Society are invited, by the by-laws, to be present at all meetings of the Convention, and partake of the dinner on the first day of the session.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1850, WITH THE AGE AND DISEASE WHEN ASCERTAINED.

Hartford County, no deaths.
 New Haven County, Daniel H. Moore, Chronic Diarrhea, Age 43.
 New London County, no deaths.
 Fairfield County, Emery Bissell, Dysentery, Age 60.
 Windham County, Dr. Grosvenor, no particular information ; Wm. H. Campbell, Typhoid Fever, Age 53.
 Litchfield County, Benjamin Welch, Age 82 ; Reuben S. Woodward, Jaundice, Age 84 ; Reuben M. Woodruff, Chronic Rheumatism and Bronchitis, Age 38 ; Peter Bearsdlee, Typhoid Fever, Age 24.
 Middlesex County, no deaths.
 Tolland County, Scottoway Hinckley, Age about 97.

DUTIES OF CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes, and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the Members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

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 RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by Secretary.
3. Committee on the election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several counties, and members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for gratuitous course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.



## DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
- “ Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
- “ Dr. Thaddeus Betts, on the different species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
- “ Dr. S. H. P. Lee, on Cynanche Tonsillaris.
- “ Dr. Lewis Collins, on the most eligible mode of increasing Medical Knowledge in this State.
- “ Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
- “ Dr. Jared Potter, “An Essay.”
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight, on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the deleterious effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainerd.
1827. Dr. Samuel B. Woodward, on the Biography of the Physicians of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, “Influence of Moral Emotions on Disease.”
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the disease commonly denominated Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental qualifications necessary to a Physician.
1840. Dr. Richard Warner, on the advantages of prompt and efficient practice in Acute Diseases.
1841. Dr. Amariah Brigham, on Insanity as a subject of Medical Jurisprudence.
1842. Dr. Charles Woodward, on Uterine Irritation.
1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
1844. Dr. Worthington Hooker, on the respect due to the Medical Profession, and the reasons that it is not awarded by the community.
1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
1846. Dr. Theodore Sill, Observations on Typhus Fever.
1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
1848. Dr. B. F. Barker, Remarks on some forms of disease of the Cervix Uteri.
1849. Dr. Alvan Talcott, on Hygiene.
1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.



## A D D R E S S .

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MR. PRESIDENT :

The medical profession of our country, with very general consent, has lately evinced unwonted interest on the subject of endeavoring to advance the standard of education both for those preparing to enter upon the study, and for such also as offer themselves for admission to the ranks of our profession.

The American Medical Association has made it a prominent feature in its scheme of improvement, by earnestly recommending all teachers to insist that those who present themselves for the study of medicine and surgery, higher qualifications than have hitherto been deemed indispensable by those who take upon themselves the office of instructors. This body has attempted further to benefit the world, and to elevate the character of the profession by its recommendation of *uniformity* in the system of medical and surgical instruction in the various public schools of our country.

The outlines drawn by the wisdom of the Association, and communicated to the professional public, have been, I believe, very generally considered as eminently entitled to regard by all who entertain a desire for the public good, or have in view the honor of the profession. It is indeed a grateful duty to admit that, though defects and short comings yet exist in our system of instruction, the last half century has witnessed very many splendid achievements on the field of medical science, beyond the boundaries defined by previous research.

It is with pleasure too, and pride, that we may dwell upon the comparative merits of our *own cherished institution*, whither those who are to succeed *us* in the responsible duties, now

incumbent on ourselves, can repair to complete their qualifications for the task they are to assume.

But, Mr. President and gentlemen, I come in fulfilment of the task assigned me, to speak of a defect that obtains to some extent, as I conceive, in our own as well as in most other schools where medical science is pursued.

I allude to that important branch, denominated *Medical Jurisprudence*.

Perhaps there is no better criterion with the *public*, to judge of the attainments of a physician, than by his knowledge of this branch of our profession.

Is he ignorant of its principles, or unable to convey in a clear and intelligible manner, his knowledge of the various questions which may be propounded to him, to establish an uninstructed jury in an opinion that may involve interests of immeasurable magnitude, he is sure to suffer from the galling batteries which some, in the legal profession, at every bar in the state, are qualified to bring to bear upon him. His own, and to some extent the disgrace of the profession to which he belongs, must follow; and how unenviable must be *his* position as a witness, who has no other shield for his protection, than that simply which a diploma can confer.

It seems incumbent then upon the profession, to exert a controlling influence over the education of such as seek its membership.

This most clearly was the view taken by the able and learned committee constituted at the United States Medical Convention in 1846, who had in charge the whole subject of medical education, and whose report, defining what it ought to be, met with universal approbation at the convention of the American Medical Association in 1847.

The subject of which I speak was then and there emphatically urged, and distinctly embraced in the enumerated catalogue of the studies appropriate for the adoption of the public schools.

The liability to which every young member of the profession is exposed to become involved, and under circumstances so fraught with danger to his own reputation, the reputation of the profession, as also to the rights of others if unprepared to wield the potent powers with which by custom he is supposed

to be invested, seems to call for adequate appropriations for his outfit in the start of his untried course ; for slow indeed to the majority of minds comes the necessary discipline when left to glean alone the field of science.

Civilians have well discerned their duty and performed it. It is *ours* to apply such regimen as the constituted body politic requires, as well as to put forth our powers to restore to health the subjects of disease.

In the early days of our medical history, many instances are upon record of the infliction of capital punishment upon subjects whose condition of mind ought to have forbidden the application of the penalty of law.

An execution took place many years ago in Litchfield county, of a maniac, who fancied himself the Supreme Being. His whole demeanor, it is understood, was consistent with this one insane idea ; yet the hallucination was construed to entitle him the more richly for his irreverence, to an ignominious death ; and years rolled away before a suspicion was raised as to the healthy state of mind of the sufferer, and the consequent justice of the act.

Later, only a few years since, a trial was had in the same county, upon a foreigner, for the crime of murder, in which there was a clear triumph of medical science over the strongest demonstrations of popular feeling in favor of the most rigorous and summary application of punishment due to such a crime, and against the testimony borne by physicians to the unsound condition of the prisoner's mind. An enlightened court, and a jury who had the good sense to lay their minds open to receive instruction on the subject from men who had made themselves more acquainted with the mind diseased. Even in this case a titled authority was placed upon the stand to witness before the court that there was no defect in the poor prisoner's mind ; and no such form of insanity as monomania. When retiring from the stand he was addressed by one who had listened to the whole proceedings, in substance as follows. " Sir, when I came here I entertained very much the same opinions you have expressed, and I believe I did so in common with a large majority of our neighborhood ; but by the light shed around us on this trial, I must be allowed to pronounce you out of place while you oc-

cupy a standing among doctors." He was granted *nothing* in consideration of his youth. I would yield him *that* apology. The subsequent history of this case has abundantly justified the righteousness of the conclusion to which the jury came in their verdict of acquittal.

There have been numerous instances in which insanity has been set up as a defence of the violations of the law, where the accused was laboring under no other than a moral infirmity of mind, temporarily obscured by means through which his obliquity could find no justification: but where a nice discrimination is demanded lest a medical witness shall be found to lend his voice and influence in violation of his high and solemn obligations to sustain the majesty of wholesome law, and not to screen the guilty or to varnish crime.

We might speak of the numerous items to be taken into account by the mind employed in prosecuting its enquiries into subjects pertaining to the department of medicine we are considering. I might speak more particularly of the necessity of a thorough understanding of the effects of those agents sometimes employed to accomplish the destruction of human life—of the tests whereby to detect their existence, in order that a just distinction may be made between the operations of *these*, and the ravages of ordinary disease—of the results from violence inflicted upon parts essential to life. Of all these and their kindred topics, you are fully aware.

Nor is it necessary to advocate here what all will acknowledge, the usefulness and dignity of this branch of a medical education. And I forbear the detail which these thoughts suggest.

I am admonished by the character of the audience I address, that I can inculcate no new truth, nor indicate a path of duty to fields not already explored by all who hear me. I submit however, that if a defect exists of the kind to which I have alluded, does it not devolve on one and all, to aid in providing that the student of this school, as he goes forth under the authority of Connecticut, to take upon him the high duties he is to meet, may enjoy the advantage of direct instruction in this interesting department of our profession.

## APPENDIX. A.

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**THE** Committee of Examination have attended to the duties assigned them, and respectfully submit the following report:

The Board convened Wednesday, Jan. 16, and continued in session two days: present the full Board.

Sixteen Candidates, after a thorough examination, were recommended for the degree of Doctor of Medicine, which was conferred by President Woolsey, of Yale College.

1. Ames Cranmer Blakesley, Waterbury, subject, Purpura Hemorrhagica.
2. Henry Clinton Bunce, Manchester, subject, Asthma.
3. Alpheus Bryant Clark, New Haven, subject, Semeiology.
4. Henry Augustus Collins, New Haven, subject, Placenta Previa.
5. Richard Pierce Evans, Franklin, Ohio, subject, Asiatic Cholera.
6. Henry Hawley Foote, Roxbury, subject, Variola.
7. Horatio Wells Gridley, A. B., Berlin, subject, Morbus Brightii.
8. Dixon Scipio Hall, Montville, subject, Erysipelas.
9. Charles Clifford Holcomb, W. Granville, Mass., subject, Pneumonia.
10. Lewis Raymond Hurlbut, M. A., New Haven, subject, Peritonitis.
11. Henry Lobdell, B. A., Brookfield, subject, Relation of Psychology to Medicine.
12. Henry Willis Edward Matthew, B. A., New Haven, subject, Diet.
13. George Hammond Rogers, Colchester, subject, Phthisis.
14. Henry Smith, East Haddam, subject, The Leech.
15. Joel Washington Smith, Hebron, subject, Typhus.
16. William Cook Williams, Manchester, subject, Typhus.

A very interesting and appropriate address was delivered by H. A. Grant, M. D., of Hartford, which was listened to, not only by the graduates, but by a very respectable number of citizens, with much apparent interest and attention.

Richard Warner, M. D., of Middletown and Alvan Talcott, M. D., of Guilford, were appointed to give the addresses to the graduates in 1851 and 1852.

Your Committee are prepared to express a decided opinion, that the graduates, with a few exceptions, exhibited a thorough knowledge of the general principles of the different departments of science taught in the lecture room; doing good credit to themselves as students, and honor to our professors; many of whom have labored and sustained for a great number of years the different branches of medical science to which they have been more particularly devoted, with that interest, energy and success which deserves our warmest thanks and honest praise.

WILLIAM WITTER.

## B.

THE Committee to whom was referred the revision of the Constitution and By-Laws of the Connecticut Medical Society, respectfully beg leave to report the following propositions to the several county meetings for their approval or disapproval, viz :

1st. We recommend that the 2d section of the act of Incorporation or Constitution, be amended so that each county may elect 10 instead of 5 Fellows, except Middlesex and Tolland, and that each of them may elect 6 instead of 3, as at present ; who shall hold their offices for two years, except the first year, when the term of one-half the number shall expire, and an equal number be chosen to supply the vacancy. It is not intended to recommend that the retiring Fellows shall be ineligible.

2d. We propose to amend sec. 7 of the same act, by the repeal of all that part of it which relates to the collecting of the taxes of members by legal process, and substitute therefor the following. That the name of every member of this society who shall, after the passage of this amendment, decline or neglect, without good and sufficient cause, to be decided on application of the delinquent by the Convention, to pay the taxes due from him to this society, for three years successively, dating from the period of his last payment, shall be stricken from its rolls, and he be no longer considered a member thereof.

3d. We recommend the repeal of so much of sec. 5, of the Act in relation to the Medical Institution of Yale College as relates to the granting of Licenses.

The Committee recommend the following By-Laws and Amendments to the same.

1st. To succeed sec. 1, the following: Every member of this society shall annually contribute to its funds the sum assessed in Convention, and pay the same to the clerk of the county in which he resides, on or before the succeeding annual meeting of said county, and no tax paying member shall be eligible to any office, nor permitted to vote until he shall have made such payment.

2d. To succeed that just passed we offer the following. This society adopts as a part of its regulations, the Code of Ethics of the American Medical Association, substituting it for the existing system of Medical Ethics which is hereby repealed.

To succeed sec. 7, we propose 3d, It shall be the duty of clerks to forward annually to the State Medical Convention by one of its Fellows, a copy each of such dissertations or communications, read in county meetings of the several counties, as shall by a vote of said meetings be regarded of sufficient value ; all of which shall be submitted to a committee appointed by the Convention, and may be read or printed with their proceedings, or both at the discretion of the Convention.

4th. Sec. 14 we propose to amend so that the President and Fellows shall each receive one dollar for attendance, instead of two dollars, and six cents instead of twelve and a half cents for travel as at present.

5th. To succeed sec. 4, we propose the following. The offices of President and Vice President shall be limited to one year each, and each county



in turn shall furnish incumbents for these offices respectively, provided that in no case shall both be filled by residents of the same county.

6th. We propose that the rules of order in Convention shall be published annually, with its proceedings in connection with the duties of clerk.

7th. We propose that no article of the by-laws as now adopted, shall be altered or amended, without the consent of two-thirds of the members present at an annual Convention.

E. K. HUNT, *Chairman.*

### C.

THE Committee appointed to audit the Treasurer's account respectfully report:

That they have examined the same and find it correct. In examining the other matters referred to, your Committee find the number of tax paying members as published in the proceedings of 1849, to be 350, distributed in the several counties, as follows:

|                    |    |               |     |         |            |
|--------------------|----|---------------|-----|---------|------------|
| Hartford County,   | 73 | taxes charged | 665 | arrears | \$232. 96. |
| New Haven County,  | 68 | "             | 605 | "       | 298        |
| New London County, | 49 | "             | 480 | "       | 136        |
| Fairfield County,  | 39 | "             | 373 | "       | 242        |
| Litchfield County, | 48 | "             | 407 | "       | 225        |
| Windham County,    | 32 | "             | 303 | "       | 12         |
| Middlesex County,  | 26 | "             | 223 | "       | 23         |
| Tolland County,    | 25 | "             | 208 | "       | 71         |
|                    |    |               |     | \$3261  | \$1229.96  |

The amount of taxes charged in 7 years preceding 1849 as above, and a deficiency of \$1229, distributed in the several counties, as follows, (see table.) From the estimates, which we have taken from tables carefully prepared by the Treasurer, it appears that the pecuniary burden of sustaining this Society falls very unequally upon the members of the several counties, as will be shown more clearly by the exhibition of the per centage of arrearages.

Windham County, 4 per cent. of all taxes charged in 7 years.

|            |   |      |   |   |   |   |
|------------|---|------|---|---|---|---|
| Middlesex  | " | 10   | " | " | " | " |
| N. London  | " | 28   | " | " | " | " |
| Tolland    | " | 34.5 | " | " | " | " |
| Hartford   | " | 34.9 | " | " | " | " |
| N. Haven   | " | 47   | " | " | " | " |
| Litchfield | " | 55   | " | " | " | " |
| Fairfield  | " | 67   | " | " | " | " |

What proportion of the amount paid in each county has been cancelled by abatements, your Committee have not had time to ascertain.

Respectfully submitted,

RICHARD WARNER.



# SEMI-CENTENNIAL CATALOGUE,

OF THE OFFICERS AND FELLOWS OF THE

## CONNECTICUT MEDICAL SOCIETY.

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THERE are several considerations which have induced us to publish, with the proceedings of the present year, the names of the Officers and Fellows of the Connecticut Medical Society, from its organization in 1792 to the present year. It will be recollected that for the first twenty years of the Society's existence there was no publication of its proceedings, and it was at a later period of its existence that the first Catalogue of members was published; there is therefore no printed record for this whole period of time.

Again, it is customary with all societies to mark the opening and close of its years, and to erect more lofty monuments when half centuries and centuries have departed. As this is the semi-centennial year of the 19th century, and the fifty-eighth of our organization, we have presumed that it might be acceptable to the present members to have published in an enduring form, for preservation, the names of those distinguished individuals to whose indomitable perseverance and self-sacrificing devotion to their profession, we are principally indebted for our present Medical organization: a structure of such admirable beauty and fair proportions, that it has been a model for other States; and the experience of more than fifty years has found but little to modify or change. While it has, both by the influence of individual members, and by its collective wisdom in Convention, exerted a controlling influence over the State Legislature, with whose coöperation it has erected stupendous edifices for the amelioration of human suffering in its protean forms; while in its institutions for giving sanity to the insane, and eyes to the blind, it has dispensed the largest charities with a Godlike hand. This same influence has formed a Medical Institution which justly ranks among the first in our country; whose graduates are found not

only throughout the length and breadth of our, but in foreign lands, successfully engaged in the great cause of suffering humanity, and elevating the moral condition of our race, reflecting honor upon their alma mater, and the Medical Society, the common founder and patron of both. But it is not my object to eulogize, in this place, the memory of those devoted men upon whom half a century has wrought the legitimate work of time on man; nor speak of the achievements of our State Medical Society. We have the promise that some abler hand shall do justice to their distinguished services. Most of the founders of our Society, if not all, have closed their earthly labors; there is with us still a small remnant previous to the year 1810, who have long been italicised on our Catalogues; who have closed their earthly labors and their connection with the busy world, yet linger to join their companions in the land of silence.

There is yet another class, who hold in remembrance these venerable men, and who are now the connecting link between them and the younger members of the Society; who have been connected with them in perfecting and extending the benefits of our organization, to whom the Society owe a large debt of gratitude. Their names will be held in lasting remembrance.

By bringing them together in this Semi-centennial Catalogue, when another half century shall have rolled away, some number, perhaps in the hands of the youngest member of this Society, may be brought up from its long repose, and bring before the members of this Society, in the centennial year of the 2000th century, the illustrious founders of our Medical organization, and their now living coadjutors; rescuing their names and memories from the oblivious past, and rendering some appropriate tribute to the memory of the fathers of the Medical Profession in this State, and the founders of our Medical Society.

*Officers and Fellows of the Connecticut Medical Society from  
its organization in 1792 to the present time.*

**PRESIDENTS.**

|                           |                           |
|---------------------------|---------------------------|
| 1792, *Leverett Hubbard.  | 1829, John S. Peters.     |
| 1794, *Æneas Munson.      | 1832, William Buel.       |
| 1801, *James Potter.      | 1834, *Thomas Miner.      |
| 1803, *Thomas Mosely.     | 1837, *Silas Fuller.      |
| 1804, *Jeremiah West.     | 1841, Elijah Middlebrook. |
| 1807, *John R. Watrous.   | 1843, *Luther Ticknor.    |
| 1813, *Mason F. Cogswell. | 1846, Archibald Welch.    |
| 1823, *Thomas Hubbard.    | 1849, George Sumner.      |
| 1827, *Eli Todd.          |                           |

**VICE PRESIDENTS.**

|                           |                           |
|---------------------------|---------------------------|
| 1792, *Æneas Munson.      | 1824, Eli Ives.           |
| 1794, *Elihu Tudor.       | 1827, John S. Peters.     |
| 1798, *James Potter.      | 1829, William Buel.       |
| 1801, *Thomas Mosely.     | 1832, *Thomas Miner.      |
| 1803, *Jeremiah West.     | 1834, *Silas Fuller.      |
| 1804, *Jared Potter.      | 1837, Elijah Middlebrook. |
| 1806, *John R. Watrous.   | 1841, *Luther Ticknor.    |
| 1807, *Mason F. Cogswell. | 1843, Archibald Welch.    |
| 1813, *Timothy Hall.      | 1846, Dyer T. Brainard.   |
| 1814, *Thomas Hubbard.    | 1847, George Sumner.      |
| 1823, *Eli Todd.          | 1849, Rufus Blakeman.     |

**SECRETARIES.**

|                         |                            |
|-------------------------|----------------------------|
| 1792, *Jared Potter.    | 1816, Jonathan Knight.     |
| 1794, *James Clark.     | 1827, *Samuel B. Woodward. |
| 1798, *Daniel Sheldon.  | 1830, George Sumner.       |
| 1798, *Nathaniel Perry. | 1832, Charles Hooker.      |
| 1800, *Samuel Woodward. | 1838, Archibald Welch.     |
| 1801, *William Shelton. | 1843, Ralph Farnsworth.    |
| 1805, *John Barber.     | 1844, Worthington Hooker.  |
| 1810, Eli Ives.         | 1846, Gurdon W. Russell.   |
| 1813, *Joseph Foot.     | 1849, Josiah G. Beckwith.  |

## TREASURERS.

|                           |                           |
|---------------------------|---------------------------|
| 1792, *John Osborn.       | 1817, John S. Peters.     |
| 1794, *Jeremiah West.     | 1827, William Buel.       |
| 1795, *Mason F. Cogswell. | 1828, *Joseph Palmer.     |
| 1799, *William B. Hall.   | 1834, Elijah Middlebrook. |
| 1809, *Timothy Hall.      | 1837, *Luther Ticknor.    |
| 1813, *Richard Ely.       | 1841, Virgil Mars Dow.    |
| 1816, *Thomas Miner.      |                           |

## FELLOWS.

## HARTFORD COUNTY.

| 1792.                                                                                       | 1797, '8.                                                                               | 1803.                                                                                    |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Eliakim Fish,<br>Lemuel Hopkins,<br>Elihu Tudor,<br>Josiah Hart,<br>Samuel Flagg.           | Eliakim Fish,<br>Elihu Tudor,<br>Samuel Flagg,<br>Mason F. Cogswell,<br>Lemuel Hopkins. | Eliakim Fish,<br>John Bestor,<br>Timothy Hall,<br>Leonard Bacon,<br>George Griswold.     |
| 1793.                                                                                       | 1799.                                                                                   | 1804.                                                                                    |
| Eliakim Fish,<br>Samuel Flagg,<br>Josiah Hart,<br>Elihu Tudor,<br>Lemuel Hopkins.           | Lemuel Hopkins,<br>Elihu Tudor,<br>Mason F. Cogswell,<br>Nathaniel Dwight,<br>Eli Todd. | Leonard Bacon,<br>John Bestor,<br>Timothy Hall,<br>George Griswold,<br>Elijah F. Reed.   |
| 1794.                                                                                       | 1800.                                                                                   | 1805, '6.                                                                                |
| Elihu Tudor,<br>Lemuel Hopkins,<br>Charles Mather,<br>Mason F. Cogswell,<br>Asa Hillyer.    | Elihu Tudor,<br>Mason F. Cogswell,<br>Solomon Everest,<br>Timothy Hall,<br>John Bestor. | Howard Alden,<br>John Bestor,<br>Leonard Bacon,<br>Simeon Field,<br>Timothy Hall.        |
| 1795.                                                                                       | 1801.                                                                                   | 1807.                                                                                    |
| Elihu Tudor,<br>Eliakim Fish,<br>Mason F. Cogswell,<br>Solomon Everest,<br>Josiah Hart.     | Elihu Tudor,<br>Solomon Everest,<br>Eli Todd,<br>John Bestor,<br>Elijah F. Reed.        | Mason F. Cogswell,<br>Timothy Hall,<br>John Bestor,<br>Abner Mosely,<br>George Griswold. |
| 1796.                                                                                       | 1802.                                                                                   | 1808.                                                                                    |
| Eliakim Fish,<br>Lemuel Hopkins,<br>Solomon Everest,<br>Mason F. Cogswell,<br>Samuel Flagg. | John Bestor,<br>George Griswold,<br>Timothy Hall,<br>Howard Alden,<br>Samuel Flagg.     | Mason F. Cogswell,<br>Timothy Hall,<br>John Bestor,<br>Simeon Field,<br>George Griswold. |

1809.  
Mason F. Cogswell,  
Timothy Hall,  
John Bestor,  
Simeon Field,  
J. H. Sparhawk.

1810.  
Mason F. Cogswell,  
Timothy Hall,  
Simeon Field,  
Howard Alden,  
J. H. Sparhawk.

1811.  
Mason F. Cogswell,  
Timothy Hall,  
John Bestor,  
J. H. Sparhawk,  
Simeon Field.

1812.  
Mason F. Cogswell,  
Timothy Hall,  
John Bestor,  
J. H. Sparhawk,  
Nathan Strong, Jr.

1813.  
Mason F. Cogswell,  
Timothy Hall,  
John Bestor,  
Eli Todd,  
Nathan Strong.

1814.  
Mason F. Cogswell,  
Timothy Hall,  
Solomon Everest,  
Simeon Field,  
John Bestor.

1815.  
Solomon Everest,  
Simeon Field,  
John Bestor,  
Eli Todd,  
Sylvester Wells.

1816.  
Solomon Everest,  
John Bestor,  
Nathan Strong, Jr.,  
Simeon Field,  
Dwell Morgan.

1817.  
Solomon Everest,  
John Bestor,  
Nathan Strong,  
Sam'l B. Woodward,  
James E. Hart.

1818.  
John Bestor,  
S. B. Woodward,  
Sylvester Wells,  
Eli Todd,  
Solomon Everest.

1819.  
Mason F. Cogswell,  
John A. Hart,  
John L. Comstock,  
Norman Lyman,  
Dwell Morgan.

1820.  
No record of any  
meeting.

1821.  
S. Everest,  
S. B. Woodward,  
J. Bestor,  
E. Todd,  
G. Sumner.

1822.  
Eli Todd,  
Elijah F. Reed,  
S. B. Woodward,  
George Sumner,  
Wm. S. Pierson.

1823.  
M. F. Cogswell,  
J. Bestor,  
Josiah M. Ward,  
William Tully,  
Norman Lyman.

1824.  
S. B. Woodward,  
James O. Pond,  
E. F. Reed,  
Benj. Ward, Jr.

1825.  
E. Todd,  
Charles Woodward,  
Julius S. Barnes,  
George Sumner,  
S. B. Woodward.

1826.  
S. B. Woodward,  
E. F. Reed,  
J. O. Pond,  
C. Woodward,  
J. L. Comstock.

1827.  
E. Todd,  
S. B. Woodward,  
George Sumner,  
W. S. Pierson,  
Caleb H. Austin.

1828.  
E. F. Reed,  
Horatie Gridley,  
George Sumner,  
Samuel W. Brown,  
Edward P. Terry.

1829.  
George Sumner,  
C. Woodward,  
E. F. Reed,  
H. Gridley,  
Ralph Carter.

1830.  
Samuel Hart,  
Wm. James Barry,  
Pardon Brownell,  
Simeon Birge,  
J. S. Barnes.

1831.  
Wm. H. Morgan,  
Richard Ells,  
Jer'h T. Denison,  
Daniel Fuller,  
R. Carter.

1832.  
John J. Abernethy,  
P. Brownell,  
E. D. Hudson,  
Amariah Brigham,  
E. F. Reed.

1833.  
W. S. Pierson,  
G. Sumner,  
Hiram Watson,  
D. H. Hubbard,  
H. Gridley.

1834.  
Milo L. North,  
J. L. Comstock,  
Asaph L. Bissell,  
E. P. Terry,  
Archibald Welch.

1835.  
J. S. Barnes,  
George Sumner,  
P. Brownell,  
Henry Holmes,  
Guy R. Phelps.

1836.  
D. H. Hubbard,  
M. L. North,  
W. S. Pierson,  
A. Welch.  
Daniel Fuller.

1837.  
David S. Dodge,  
Sumner Ives,  
R. Carter,  
H. Holmes,  
Earl Loomis.

1838.  
Daniel Holt,  
G. Sumner,  
Justus B. Wilcox,  
Horace C. Gillett,  
Jairus Case.

1839.  
H. Gridley,  
A. Brigham,  
Chauncey Brown,  
Augustus R. Case,  
P. Brownell.

1840.  
George O. Sumner,  
D. H. Hubbard,  
Theodore Sill,  
Edward Rowland,  
Sam'l B. Beresford.

1841.  
Eli Hall,  
Geo. W. Sanford,  
Alfred Kellogg,  
Simeon Shurtleff,  
Joseph F. Jewett.

1842.  
D. S. Dodge,  
Wm. C. Williams.  
P. W. Ellsworth,  
Geo. B. Hawley,  
Lucius Woodruff.

1843.  
G. W. Russell,  
D. Holt,  
Silas Fuller,  
W. S. Pierson,  
P. Brownell.

1844.  
T. Sill,  
Benjamin Rogers,  
J. S. Barnes,  
G. Sumner,  
R. Carter.

1845.  
E. K. Hunt,  
John S. Butler,  
A. W. Barrows,  
Roswell Hawley,  
Eli Hall.

1846.  
E. W. Carrington,  
Chester Hamlin,  
G. W. Russell,  
Samuel B. Fuller,  
D. S. Dodge.

1847.  
H. Allen Grant,  
William Scott,  
Samuel Hart,  
S. B. Beresford,  
Sidney Rockwell,

1848.  
E. K. Hunt,  
David Crary,  
Josiah C. Banning,  
H. C. Gillett,  
John F. Wells.

1849.  
E. K. Hunt,  
A. L. Spaulding,  
Eli Hall,  
Thomas Miner,  
Seth L. Child.

1850.  
L. Woodruff,  
Aretus Rising,  
Sabin Stocking,  
Myron W. Wilson,  
G. B. Hawley.

#### NEW HAVEN COUNTY.

1792.  
Leverett Hubbard,  
Æneas Munson,  
William Gould,  
Jared Potter,  
Elnathan Beach.

1793.  
Leverett Hubbard,  
Æneas Munson,  
Jared Potter,  
William Gould,  
John Spaulding.

1794.  
Leverett Hubbard,  
Æneas Munson,  
Levi Ives,  
Abr'm Tomlinson,  
Tho's R. Pyncheon.



|                                                                                                       |                                                                                            |                                                                                              |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1795.<br>Eneas Monson,<br>Jared Potter,<br>Abr'm Tomlinson,<br>Elnathan Beach,<br>Wm. Gould.          | 1803.<br>Abr'm Tomlinson,<br>Levi Ives,<br>Jonathan Todd,<br>John Barker,<br>Joseph Foot.  | 1811.<br>Abr'm Tomlinson,<br>John Barker,<br>Joseph Foot,<br>Eli Ives,<br>Obadiah Hotchkiss. |
| 1796.<br>Eneas Munson,<br>Jared Potter,<br>John Spalding,<br>Obadiah Hotchkiss,<br>Nathaniel Hubbard. | 1804.<br>Jared Potter,<br>John Spalding,<br>Levi Ives,<br>Abr'm Tomlinson,<br>John Barker. | 1812.<br>John Barker,<br>Joseph Foot,<br>Eli Ives,<br>Elias Shipman, Jr.,<br>Pearl Craft,    |
| 1797.<br>Eneas Munson,<br>Jared Potter,<br>Abr'm Tomlinson,<br>Obadiah Hotchkiss,<br>John Spalding.   | 1805.<br>Abr'm Tomlinson,<br>Levi Ives,<br>Thomas Goodsel,<br>Joseph Foot,<br>John Barker. | 1813.<br>Joseph Foot,<br>Eli Ives,<br>Pearl Craft,<br>Anson Foot,<br>Elias Shipman.          |
| 1798.<br>Eneas Monson,<br>Abr'm Tomlinson,<br>Jared Potter,<br>John Spalding,<br>Lewis Collins.       | 1806.<br>Abr'm Tomlinson,<br>Joseph Foot,<br>Thomas Goodsel,<br>John Barker,<br>Eli Ives.  | 1814.<br>Joseph Foot,<br>Eli Ives,<br>Pearl Craft,<br>Anson Foot,<br>Bela Farnham.           |
| 1799.<br>Eneas Monson,<br>Jared Potter,<br>John Spalding,<br>Obadiah Hotchkiss,<br>Lewis Collins.     | 1807.<br>John Barker,<br>Joseph Foot,<br>Eli Ives,<br>Thomas Goodsel,<br>David Marvin.     | 1815.<br>Joseph Foot,<br>Pearl Craft,<br>Jonathan Knight,<br>William Tully,<br>Anson Foot.   |
| 1800.<br>Eneas Monson,<br>A. Tomlinson,<br>John Spalding,<br>Jared Potter,<br>Obadiah Hotchkiss.      | 1808.<br>John Barker,<br>Joseph Foot,<br>Eli Ives,<br>Abr'm Tomlinson,<br>David Marvin.    | 1816.<br>Joseph Foot,<br>Eli Ives,<br>Jonathan Knight,<br>Pearl Craft,<br>T. P. Beers.       |
| 1801.<br>Abr'm Tomlinson,<br>John Spalding,<br>Obadiah Hotchkiss,<br>John Barker,<br>Jared Potter.    | 1809.<br>Abr'm Tomlinson,<br>John Barker,<br>Eli Ives,<br>Joseph Foot,<br>Thomas Goodsel.  | 1817.<br>Joseph Foot,<br>Eli Ives,<br>Jonathan Knight,<br>Bela Farnham,<br>Isaac Goodsel.    |
| 1802.<br>Abr'm Tomlinson,<br>Jared Potter,<br>John Spalding,<br>Levi Ives,<br>John Barker.            | 1810.<br>Joseph Foot,<br>Eli Ives,<br>Abr'm Tomlinson,<br>Bela Farnham,<br>Thomas Goodsel. | 1818.<br>Eli Ives,<br>Joseph Foot,<br>Jonathan Knight,<br>Pearl Craft,<br>Edward Field.      |

1819.  
Eli Ives,  
Jonathan Knight,  
Isaac Goodsell,  
Timothy P. Beers,  
Pearl Craft.

1820.  
The same as in 1819,  
the Convention be-  
ing this year an  
adjourned Conven-  
tion.

1821.  
Eli Ives,  
Jonathan Knight,  
Isaac Goodsell,  
Edward Field,  
Timothy P. Beers.

1822.  
Eli Ives,  
Jonathan Knight,  
Timothy P. Beers,  
John Titsworth,  
Virgil M. Dow.

1823.  
Eli Ives,  
Jonathan Knight,  
Joseph Foot,  
Timothy P. Beers,  
Isaac Jennings.

1824.  
Andrew French,  
Isaac Goodsell,  
Sam'l Punderson,  
Joel L. Griffing,  
Timothy P. Beers.

1825.  
Eli Ives,  
Isaac Jennings,  
Lyman Parker,  
John Titsworth,  
Reynold Webb.

1826.  
Nathan Smith,  
Isaac Goodsell,  
Isaac Jennings,  
Charles Hooker,  
Jacob Linsley.

1827.  
Nathan Smith,  
Wyllys Woodruff,  
Isaac Jennings,  
Timothy P. Beers,  
Alfred S. Monson.

1828.  
Jonathan Knight,  
Bela Farnham,  
V. M. Dow,  
Sam'l Punderson,  
Joel Canfield.

1829.  
Eli Ives,  
Isaac Goodsell,  
Reynold Webb,  
Charles Hooker,  
Lyman Parker.

1830.  
Jonathan Knight,  
Solomon Stoddard,  
Isaac Jennings,  
V. M. Dow,  
Wyllys Woodruff.

1831.  
Thomas Hubbard,  
Joseph Tomlinson,  
Alfred S. Monson,  
Joel Canfield,  
Timothy P. Beers.

1832.  
Jonathan Knight,  
Isaac Jennings,  
Reynold Webb,  
V. M. Dow,  
Charles Hooker.

1833.  
Isaac Goodsell,  
J. T. Denison,  
Lyman Parker,  
N. B. Ives,  
Wyllys Woodruff.

1834.  
Reynold Webb,  
A. S. Monson,  
Abiram Stoddard,  
Joel Canfield,  
Sheldon Beardsley.

1835.  
E. H. Bishop,  
N. B. Ives,  
Andrew French,  
Arza Andrews,  
Josiah F. Hunt.

1836.  
V. M. Dow,  
Isaac Goodsell,  
H. A. Tomlinson,  
Lyman Parker,  
Wyllys Woodruff.

1837.  
Reynold Webb,  
Henry Bronson,  
Josiah M. Colburn,  
N. B. Ives,  
John H. Kain.

1838.  
J. F. Hunt,  
C. S. Thomson,  
Joel Canfield,  
Wyllys Woodruff,  
V. M. Dow.

1839.  
N. B. Ives,  
Lester Keep,  
Lyman Parker,  
Sam'l Punderson,  
Reynold Webb.

1840.  
Jonathan Knight,  
Joel Canfield,  
Anson Moody,  
E. H. Bishop,  
Wyllys Woodruff.

1841.  
Isaac Goodsell,  
N. B. Ives,  
Charles Hooker,  
Henry Bronson,  
Wyllys Woodruff.

1842.  
T. P. Beers,  
Lyman Parker,  
J. A. Totten,  
C. S. Thomson,  
Alvan Talcott.

1849.

Bronson,  
'latt,  
d Webb,  
ves,  
Jatlin.

1850.

d Webb,  
Jatlin,  
Bishop,  
ewett,  
nfield.

1800.

Wolcott,  
R. Watrous,  
O. Miner,  
Noyes,  
Downer.

1801.

Wolcott,  
R. Watrous,  
O. Miner,  
y Downer,  
s Lee.

1802.

R. Watrous,  
O. Miner,  
y Downer,  
s Lee,  
non Tracy.

1803.

R. Watrous,  
Noyes,  
Lee,  
as Coit, Jr.,  
Downer.

~~W. W. W. 25, 29, 32, 34, 37, 39, 43, 49, 50.~~

J. Canfield 28, 31, 34, 35, 40, 44, 50.

C. Hooker 26, 29, 32, 41, 45, 46.

V. K. S. 22, 28, 30, 32, 36, 38.

A. B. S. 33, 35, 37, 39, 41, 43, 49.

L. Parker 25, 29, 33, 36, 39, 42.

A. S. Martin 27, 31, 34.

E. H. Bishop 35, 40, 43, 50.

C. G. Thorton 38, 42, 47.

A. T. C. 42, 47, 48.

G. Mendenhall 24, 28, 39.

A. G. T. 30, 34.

G. B. S. 34, 43.

A. French 24, 35.

H. B. S. 37, 41, 48, 49.

A. M. S. 40, 46.

M. C. S. 43, 46.

P. A. S. 44, 50.

Philemon Tracy:

16  
Eli Ives,  
Jonathan I  
Isaac Good  
Timothy F  
Pearl Craft

16  
The same as  
the Conv  
ing this  
adjourne  
tion.

18  
Eli Ives,  
Jonathan K  
Isaac Good  
Edward F  
Timothy P

18  
Eli Ives,  
Jonathan K  
Timothy P  
John Titsw  
Virgil M. I

18:  
Eli Ives,  
Jonathan K  
Joseph Foo  
Timothy P  
Isaac Jenni

18:  
Andrew Fr  
Isaac Good  
Am'l Punc  
Bel L. Gri  
Timothy P.

182  
Eli Ives,  
Isaac Jenni  
Lyman Par  
John Titsw  
Reynold W

182  
Nathan Smi  
Isaac Good  
Isaac Jenni  
Charles Hoc  
Jacob Linsley.

Sheldon Beardsley.

Alvan Talcott.

|                                                                                                          |                                                                                              |                                                                                             |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 1843.<br>Nathan B. Ives,<br>Reynold Webb,<br>M. C. Leavenworth,<br>Sheldon Beardsley,<br>E. H. Bishop.   | 1846.<br>Eli Ives,<br>W. L. Lay,<br>Charles Hooker,<br>Anson Moody,<br>M. C. Leavenworth.    | 1849.<br>Henry Bronson,<br>G. L. Platt,<br>Reynold Webb,<br>N. B. Ives,<br>B. H. Catlin.    |
| 1844.<br>Jonathan Knight,<br>Joel Canfield,<br>Levi Ives,<br>P. A. Jewett,<br>Ambrose Beardsley.         | 1847.<br>Eli Ives,<br>G. O. Sumner,<br>C. S. Thomson,<br>D. A. Tyler,<br>Alvan Talcott.      | 1850.<br>Reynold Webb,<br>B. H. Catlin,<br>E. H. Bishop,<br>P. A. Jewett,<br>Joel Canfield. |
| 1845.<br>Jonathan Knight,<br>Elisha Hutchinson,<br>Charles Hooker,<br>L. N. Beardsley,<br>D. L. Daggett. | 1848.<br>G. O. Sumner,<br>Alvan Talcott,<br>Henry Bronson,<br>G. L. Platt,<br>W. J. Whiting. |                                                                                             |

## NEW LONDON COUNTY.

|                                                                                                         |                                                                                                         |                                                                                               |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1792.<br>Theophilus Rogers,<br>Samuel Mather,<br>Thomas Coit,<br>Joshua Downer,<br>Phillip Turner.      | 1796.<br>Phillip Turner,<br>Theophilus Rogers,<br>Simon Wolcott,<br>John R. Watrous,<br>Philemon Tracy. | 1800.<br>Simon Wolcott,<br>John R. Watrous,<br>John O. Miner,<br>John Noyes,<br>Avery Downer. |
| 1793.<br>Theophilus Rogers,<br>Phillip Turner,<br>Simon Wolcott,<br>John R. Watrous,<br>Philemon Tracy. | 1797.<br>Phillip Turner,<br>Theophilus Rogers,<br>Simon Wolcott,<br>John R. Watrous,<br>Philemon Tracy. | 1801.<br>Simon Wolcott,<br>John R. Watrous,<br>John O. Miner,<br>Avery Downer,<br>James Lee.  |
| 1794.<br>Phillip Turner,<br>Simon Wolcott,<br>John R. Watrous,<br>Theophilus Rogers,<br>Thomas Skinner. | 1798.<br>John R. Watrous,<br>John Turner,<br>Simon Wolcott,<br>Phillip Turner,<br>Samuel Mather.        | 1802.<br>John R. Watrous,<br>John O. Miner,<br>Avery Downer,<br>James Lee,<br>Philemon Tracy. |
| 1795.<br>Theophilus Rogers,<br>Phillip Turner,<br>Simon Wolcott,<br>John R. Watrous,<br>Philemon Tracy. | 1799.<br>Theophilus Rogers,<br>Phillip Turner,<br>Simon Wolcott,<br>Luther Manning,<br>John R. Watrous. | 1803.<br>John R. Watrous,<br>John Noyes,<br>James Lee,<br>Thomas Coit, Jr.,<br>Avery Downer.  |

1804.  
Samuel Mather,  
John R. Watrous,  
Avery Downer,  
John O. Miner,  
Thomas Coit, Jr.

1805.  
Simon Wolcott,  
John R. Watrous,  
John O. Miner,  
Avery Downer,  
Thomas Coit, Jr.

1806.  
Simon Wolcott,  
Avery Downer,  
John O. Miner,  
Samuel H. P. Lee,  
Thomas Coit, Jr.

1807.  
John R. Watrous,  
John O. Miner,  
Avery Downer,  
S. H. P. Lee,  
Thomas Coit, Jr.

1808.  
Avery Downer,  
John O. Miner,  
Thomas Coit, Jr.,  
Samuel Mather,  
S. H. P. Lee.

1809.  
Samuel Mather,  
Avery Downer,  
Thomas Coit, Jr.,  
S. H. P. Lee,  
John O. Miner.

1810.  
Samuel Mather,  
John O. Miner,  
Avery Downer,  
Thomas Coit, Jr.,  
S. H. P. Lee.

1811.  
Avery Downer,  
John O. Miner,  
Thomas Coit, Jr.,  
S. H. P. Lee,  
Thomas Miner.

1812.  
John O. Miner,  
Avery Downer,  
Thomas Coit,  
S. H. P. Lee,  
Thomas Miner.

1813.  
Avery Downer,  
John O. Miner,  
Thomas Coit,  
Thomas Miner,  
S. H. P. Lee,

1814.  
Avery Downer,  
Elisha North,  
John O. Miner,  
S. H. P. Lee,  
George Tisdale.

1815.  
Avery Downer,  
Thomas Coit,  
Elisha North,  
John O. Miner,  
George Tisdale.

1816.  
John O. Miner,  
Avery Downer,  
Elisha North,  
S. H. P. Lee,  
Vine Utley.

1817.  
Elisha North,  
John O. Miner,  
George Tisdale,  
Dyer T. Brainard,  
Sylvester Wooster.

1818.  
John Smith,  
George Downer,  
Sylvester Wooster,  
Nath'l S. Perkins,  
Benj. S. Stoddard.

1819.  
John O. Miner,  
Elisha North,  
S. H. P. Lee,  
George Downer,  
Sylvester Wooster.

1820.  
Nothing is on record  
(in the possession  
of the clerk) dur-  
ing this year.

1821.  
John O. Miner,  
Elisha North,  
Wm. P. Eaton,  
Avery Downer,  
Lucius Tyler.

1822.  
John O. Miner,  
Avery Downer,  
George Tisdale,  
Frederick Morgan,  
Dyer T. Brainard,

1823.  
Archibald Mercer,  
Wm. P. Eaton,  
Dyer T. Brainard,  
Sylvester Wooster,  
John L. Smith.

1824.  
Lucius Tyler,  
Thomas T. Wells,  
Richard P. Tracy,  
Dyer T. Brainard,  
Wm. P. Eaton.

1825.  
Nath'l S. Perkins,  
John O. Miner,  
Wm. P. Eaton,  
Sylvester Wooster,  
Archibald Mercer.\*

1826.  
Thomas T. Wells,  
Lucius Tyler,  
John C. Tibbetts,  
Reuben Burgess,  
Dyer T. Brainard.

1827.  
Nath'l S. Perkins,  
Dyer T. Brainard,  
Wm. W. Miner,  
Thomas T. Wells,  
Benj. F. Stoddard.

1828.  
Mason F. Manning,  
Joseph Comstock,  
E. B. Downing,  
Lucius Tyler,  
Benj. F. Stoddard.
1829.  
Dyer T. Brainard,  
John C. Tibbits,  
Nathan Tisdale,  
John O. Miner,  
Nath'l S. Perkins.
1830.  
Wm. Robinson,  
George E. Palmer,  
Avery Downer,  
Mason Manning,  
Joseph Peabody.
1831.  
Dyer T. Brainard,  
James Morgan,  
Worthington Hooker,  
George E. Palmer,  
Nath'l S. Perkins.
1832.  
Avery Downer,  
E. B. Downing,  
Lucius Tyler,  
Thomas P. Wattles,  
Mason Manning.
1833.  
Dyer T. Brainard,  
Nath'l S. Perkins,  
George E. Palmer,  
R. A. Manwaring,  
Benj. F. Stoddard.
1834.  
Dyer T. Brainard,  
E. B. Downing,  
John C. Tibbetts,  
Lucius Tyler,  
Wm. W. Miner,
1835.  
Wm. Hyde,  
James Morgan,  
Ephraim Fellows,  
Dyer T. Brainard,  
Wm. W. Miner.
1836.  
Lucius Tyler,  
Joseph Comstock,  
E. B. Downing,  
Worthington Hooker,  
Dyer T. Brainard.
1837.  
John O. Miner,  
Avery Downer,  
James Rogers,  
Wm. Hyde,  
Dyer T. Brainard.
1838.  
Ralph Farnsworth,  
Wm. W. Miner,  
Joseph Durfee,  
E. B. Downing,  
Austin F. Perkins.
1839.  
Nath'l S. Perkins,  
Dyer T. Brainard,  
H. C. Beardsley,  
Jonn C. Tibbetts,  
Jonathan W. Brooks.
1840.  
Joseph Comstock,  
Lucius Tyler,  
Nath'l S. Perkins,  
Joseph Durfee,  
Avery Downer.
1841.  
Dyer T. Brainard,  
James Morgan,  
William Hyde,  
Joseph Durfee,  
Benj. F. Stoddard.
1842.  
Elijah Dyer, Jr.,  
Louis Phinney,  
Lucius Tyler,  
Ashbel Woodward,  
Eleazer B. Downing.
1843.  
Avery Downer,  
Ralph Farnsworth,  
Thomas P. Wattles,  
Worthington Hooker,  
David Holmes,
1844.  
Joseph Durfee,  
Worthington Hooker,  
Ashbel Woodward,  
Elijah Dyer, Jr.,  
William Hyde.
1845.  
Avery Downer,  
Worthington Hooker,  
Wm W. J. Warren,  
Mason Manning,  
Isaac G. Porter.
1846.  
Avery Downer,  
Chauncey Burgess,  
John P. Fuller,  
Lucius Tyler,  
Benjamin T. Roath,
1847.  
Chauncey Burgess,  
Ashbel Woodward,  
Rufus W. Mathewson,  
John D. Ford,  
Eleazer B. Downing.
1848.  
Nath'l S. Perkins,  
B. Fordyce Barker,  
Wm. W. Miner,  
Dyer T. Brainard,  
George E. Palmer.
1849.  
Ashbel B. Haile,  
Ashbel Woodward,  
John C. Bolles,  
Avery Downer,  
Joseph Comstock.
1850.  
Eleazer B. Downing,  
Wm. Hyde, Jr.,  
Chauncey Burgess,  
Dyer T. Brainard,  
Mason Manning.

## FAIRFIELD COUNTY.

1792.  
James Potter,  
Thaddeus Betts,  
Hosea Hurlburt,  
James Clark,  
Amos Mead.

1793.  
James Potter,  
Thaddeus Betts,  
Hosea Hurlburt,  
James Clark,  
James E. Beach.

1794.  
Hosea Hurlburt,  
Eli Perry,  
Joseph Trowbridge,  
Bennet Perry,  
James Clark.

1795.  
James Clark,  
James Potter,  
Gideon Shepard,  
James E. Beach,  
William Shelton.

1796.  
James Potter,  
Thaddeus Betts,  
Gideon Shepard,  
William Shelton,  
Eli Perry.

1797.  
James Potter,  
Gideon Shepard,  
James E. Beach,  
William Shelton,  
Bennet Perry.

1798.  
James Potter,  
Thaddeus Betts,  
William Shelton,  
James E. Beach,  
Hosea Hurlburt.

1799.  
James Potter,  
William Shelton,  
Ezra Curtis,  
Hosea Hurlburt,  
James E. Beach.

1800.  
James Potter,  
Hosea Hurlburt,  
Gideon Shepard,  
Joseph Trowbridge,  
Thaddeus Betts.

1801.  
James Potter,  
Thaddeus Betts,  
William Shelton,  
James E. Beach,  
Benjamin Curtiss.

1802.  
James Potter,  
Hosea Hurlburt,  
William Shelton,  
Joseph Trowbridge,  
James E. Beach.

1803.  
Joseph Trowbridge,  
Hosea Hurlbut,  
William Shelton,  
Samuel Webb,  
Eli Perry.

1804.  
William Shelton,  
Joseph Trowbridge,  
Thaddeus Betts,  
Eli Perry,  
Benjamin Curtiss.

1805.  
Hosea Hurlburt,  
Bennet Perry,  
Eli Perry,  
William Beard,  
Benjamin Curtiss.

1806.  
Joseph Trowbridge,  
Bennet Perry,  
William Shelton,  
Benjamin Curtiss,  
William Beard.

1807.  
Joseph Trowbridge,  
William Shelton,  
Hosea Hurlburt,  
Benjamin Curtiss,  
William Beard.

1808.  
Bennet Perry,  
Gideon Shepherd,  
William Shelton,  
Benjamin Curtiss,  
Gideon Beardsley.

1809.  
Eli Perry,  
Gideon Shepherd,  
Joseph Trowbridge,  
Bennet Perry,  
Gideon Beardsley.

1810.  
Bennet Perry,  
Benj. Curtiss, Jr.,  
Gideon Beardsley,  
Noah A. Lacy,  
Gideon Shepard.

1811.  
William Shelton,  
Benj. Curtiss, Jr.,  
Gideon Beardsley,  
Daniel Comstock,  
Bennet Perry.

1812.  
Daniel Comstock,  
Benj. Curtiss, Jr.,  
Gideon Beardsley,  
Noah A. Lacy,  
Bennet Perry.



1813.  
Bennet Perry,  
Benj. Curtiss, 2d,  
Daniel Comstock,  
Gideon Beardsley,  
Ansel Hoyt.

1814.  
Gideon Shepherd,  
Gideon Beardsley,  
Daniel Comstock,  
Benj. Curtiss, Jr.,  
Alfred H. Betts.

1815.  
Benjamin Curtiss,  
Daniel Comstock,  
Gideon Beardsley,  
Noah A. Lacy,  
Alfred H. Betts.

1816.  
William Shelton,  
Gideon Beardsley,  
Nathan Tisdale,  
Daniel Comstock,  
Isaac Jennings.

1817.  
William Shelton,  
Noah A. Lacy,  
Isaac Jennings,  
Gideon Beardsley,  
Nathan Tisdale.

1818.  
Bennet Perry,  
Gideon Beardsley,  
Noah A. Lacy,  
Ansel Hoyt,  
Isaac Jennings.

1819.  
Gideon Sheperd,  
Gideon Beardsley,  
Noah A. Lacy,  
Isaac Jennings,  
R. B. Bottsford.

1820.  
An adjourned Con-  
vention.

1821.  
Gideon Beardsley,  
Nathan Tisdale,  
John Tomlinson,  
John Judson,  
Elijah Middlebrook.

1822.  
Nathan Tisdale,  
E. Middlebrook,  
Cyreneus Booth,  
J. C. Hardyyear,  
G. Beardsley.

1823.  
G. Beardsley,  
Nathan Tisdale,  
Cyreneus H. Booth,  
Lloyd Seely,  
E. Middlebrook.

1824.  
E. Middlebrook,  
Nathan Tisdale,  
Horace Ames,  
Cyreneus H. Booth,  
Rufus Blakeman.

1825.  
E. Middlebrook,  
Samuel Simons,  
Wm. R. Shelton,  
Cyreneus H. Booth,  
John Tomlinson.

1826.  
E. Middlebrook,  
John Judson,  
Samuel Simons,  
Daniel Upford,  
Orrin J. Taylor.

1827.  
E. Middlebrook,  
John Goulding,  
Samuel Simons,  
William T. Shelton,  
Daniel Upford,

1828.  
E. Middlebrook,  
Samuel Simons,  
Daniel Upford,  
John A. McLean,  
William T. Shelton.

1829.  
Samuel Simons,  
Sturges Bulkley,  
Lloyd Seeley,  
Geo. Blackman,  
T. D. Shepard.

1830.  
John Judson,  
Samuel Simons.  
Daniel Upford,  
John Goulding,  
Rufus Blakeman.

1831.  
S. Middlebrook,  
T. D. Shepard,  
E. Middlebrook,  
M. N. Shelton,  
John Tomlinson.

1832.  
E. Middlebrook,  
Rufus Blakeman,  
Sturges Bulkley,  
Lloyd Seeley,  
John Tomlinson.

1833.  
E. Middlebrook,  
Geo. Blackman,  
Rufus Blakeman,  
James Baldwin,  
Lloyd Seeley.

1834.  
E. Middlebrook,  
Rufus Blakeman,  
A. L. Williams,  
James Baldwin,  
Justus Sherwood.

1835.  
Wm. T. Shelton,  
Geo. Blackman,  
Lloyd Seeley,  
Rufus Blakeman,  
Ambrose Beardsley.

1836.  
Ezra P. Bennett,  
Samuel Beach,  
Sturges Bulkley,  
A. L. Williams,  
George Dyer.

1837.  
J. T. Denison,  
Ezra P. Bennett,  
E. B. Middlebrook,  
Rufus Blakeman,  
John Judson.

1838.  
J. T. Denison,  
Chauncey Ayres,  
Justus Sherwood,  
Rufus Blakeman,  
Daniel H. Nash.

1839.  
Rufus Blakeman,  
Emery Bissell,  
Sturges Bulkley,  
J. T. Denison,  
Uriah Turner.

1840.  
Rufus Blakeman,  
Geo. Blackman,  
Ezra P. Bennett,  
Samuel Beach,  
J. T. Denison.

1841.  
H. N. Bennett,  
Sturges Bulkley,  
A. L. Williams,  
Samuel S. Noyes,  
R. B. Botsford.

1842.  
Samuel Simons,  
J. T. Denison,  
Rufus Blakeman,  
E. B. Middlebrook,  
Geo. Blackman.

1843.  
Samuel Beach,  
George Dyer,  
S. V. R. Ten Broeck,  
Sturges Bulkley,  
Edwin A. Lacy.

1844.  
E. Middlebrook,  
Rufus Blakeman,  
A. L. Williams,  
E. B. Middlebrook,  
Geo. Blackman.

1845.  
Rufus Blakeman,  
Samuel Beach,  
C. Ayres,  
Samuel S. Noyes,  
Geo. Blackman.

1846.  
Samuel Simons,  
Rufus Blakeman,  
Samuel Beach,  
Geo. Blackman,  
Lloyd Seeley.

1847.  
Sturges Bulkley,  
A. L. Williams,  
H. N. Bennett,  
S. Middlebrook,  
Geo. Dyer.

1848.  
Rufus Blakeman,  
Sturges Bulkley,  
Samuel Beach,  
H. N. Bennett,  
E. Middlebrook.

1849.  
Rufus Blakeman,  
Samuel Beach,  
H. N. Bennett,  
E. Middlebrook,  
Geo. Blackman.

1850.  
T. J. Judson,  
Samuel Beach,  
Geo. Blackman,  
E. Middlebrook.

## LITCHFIELD COUNTY.

1792.  
Seth Bird,  
Samuel Orton,  
Samuel Woodward,  
Seth Hastings,  
Samuel Rockwell.

1793.  
Seth Bird,  
Daniel Sheldon,  
Seth Hastings,  
Samuel Woodward,  
Samuel Orton.

1794.  
Seth Bird,  
Daniel Sheldon,  
Samuel Woodward,  
Nathaniel Perry,  
Jesse Carrington.

1795.  
Seth Bird,  
Daniel Sheldon,  
Samuel Woodward,  
Samuel Rockwell,  
Nathaniel Perry.

1796.  
Samuel Orton,  
Daniel Sheldon,  
Samuel Rockwell,  
Nathaniel Perry,  
Caleb Austin.

1797.  
Daniel Sheldon,  
Samuel Rockwell,  
Nathaniel Perry,  
Phineas Meigs,  
Aaron Coleman.

|                                                                                                           |                                                                                                            |                                                                                                          |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1798.<br>Samuel Orton,<br>Daniel Sheldon,<br>Samuel Woodward,<br>Nathaniel Perry,<br>Caleb Austin.        | 1806.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Gideon Woodruff,<br>Benjamin Welch.<br>Frederick Plumb.  | 1814.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Warren R. Fowler,<br>Elijah Lyman,<br>Jehiel Williams. |
| 1799.<br>Samuel Woodward,<br>Nathaniel Perry,<br>Jesse Carrington,<br>Abel Catlin,<br>Anthony Burritt.    | 1807.<br>Nathaniel Perry,<br>Samuel Woodward,<br>Jesse Carrington,<br>Benjamin Welch,<br>Warren R. Fowler. | 1815.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Warren R. Fowler,<br>Elijah Lyman,<br>Jehiel Williams. |
| 1800.<br>Samuel Orton,<br>Samuel Woodward,<br>Jesse Carrington,<br>Nathaniel Perry,<br>Anthony Burritt.   | 1808.<br>Samuel Woodward,<br>Nathaniel Perry,<br>Jesse Carrington,<br>Warren R. Fowler,<br>Benjamin Welch. | 1816.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Warren R. Fowler,<br>Elijah Lyman,<br>Jehiel Williams. |
| 1801.<br>Samuel Woodward,<br>Anthony Burritt,<br>Jesse Carrington,<br>Nathaniel Perry,<br>Benjamin Welch. | 1809.<br>Jesse Carrington,<br>Benjamin Welch,<br>Warren R. Fowler,<br>Elijah Lyman,<br>Samuel Buel.        | 1817.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Warren R. Fowler,<br>William Buel,<br>Jehiel Williams. |
| 1802.<br>Samuel Woodward,<br>Nathaniel Perry,<br>Jesse Carrington,<br>Benjamin Welch,<br>Gideon Woodruff. | 1810.<br>Jesse Carrington,<br>Nathaniel Perry,<br>Warren R. Fowler,<br>Benjamin Welch,<br>Samuel Buel.     | 1818.<br>William Buel,<br>Warren R. Fowler,<br>Benjamin Welch,<br>John Calhoun,<br>Joshua Cornwall.      |
| 1803.<br>Samuel Woodward,<br>Jesse Carrington,<br>Benjamin Welch,<br>Gideon Woodruff,<br>Elijah Lyman.    | 1811.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Timothy Clark,<br>Elijah Lyman,<br>Samuel Buel.          | 1819.<br>Nathaniel Perry,<br>Jesse Carrington,<br>William Buel,<br>Warren R. Fowler,<br>Conant Catlin.   |
| 1804.<br>Samuel Woodward,<br>Nathaniel Perry,<br>Benjamin Welch,<br>Timothy Clark,<br>Elijah Lyman.       | 1812.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Timothy Clark,<br>Elijah Lyman,<br>Warren R. Fowler.     | 1820.<br>Nathaniel Perry,<br>Jesse Carrington,<br>William Buel,<br>Warren R. Fowler,<br>Conant Catlin.   |
| 1805.<br>Samuel Woodward,<br>Jesse Carrington,<br>Nathaniel Perry,<br>Benjamin Welch,<br>Gideon Woodruff. | 1813.<br>Nathaniel Perry,<br>Jesse Carrington,<br>Elijah Lyman,<br>Samuel Buel,<br>Warren R. Fowler,       | 1821.<br>Samuel Rockwell,<br>William Buel,<br>John Calhoun,<br>Erastus L. Hart,<br>Warren R. Fowler.     |

|                                                                                                          |                                                                                                      |                                                                                                    |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| 1822.<br>Samuel Rockwell,<br>William Buel,<br>Warren R. Fowler,<br>Roswell Abernethy,<br>Conant Catlin,  | 1830.<br>Conant Catlin,<br>Luther Ticknor,<br>Moses A. Lee,<br>Norman Bull,<br>Benj. Welch, Jr.      | 1838.<br>Benj. Welch, Jr.,<br>S. W. Gold,<br>Myron Downs,<br>C. H. Webb,<br>E. D. Hudson.          |
| 1823.<br>William Buel,<br>Warren R. Fowler,<br>Roswell Abernethy,<br>Conant Catlin,<br>Horatio Gridley.  | 1831.<br>R. M. Fowler,<br>Geo. O. Jarvis,<br>Manly Peters,<br>Norman Lyman,<br>I. T. Hollister.      | 1839.<br>R. M. Fowler,<br>W. J. Barry,<br>Norman Lyman,<br>A. M. Huxley,<br>J. G. Beckwith.        |
| 1824.<br>Samuel Buel,<br>Gaylord Wells,<br>Samuel W. Gould,<br>Luther Ticknor,<br>Horatio Gridley.       | 1832.<br>Johnson C. Hatch,<br>Lyman Catlin,<br>Ralph Deming,<br>Joel G. Candee,<br>J. G. Beckwith.   | 1840.<br>R. M. Fowler,<br>Manley Peters,<br>Rurritt B. North,<br>Myron Downs,<br>G. H. St. John.   |
| 1825.<br>Warren R. Fowler,<br>William Buel,<br>Roswell Abernethy,<br>Conant Catlin,<br>Luther Ticknor.   | 1833.<br>Samuel Buel,<br>G. H. Minor,<br>Theodore C. Hand,<br>Caleb Ticknor,<br>Samuel W. Gold.      | 1841.<br>J. G. Beckwith,<br>R. L. Woodruff,<br>S. W. Gold,<br>Wells Beardsley,<br>A. M. Huxley.    |
| 1826.<br>Samuel Buel,<br>Conant Catlin,<br>Johnson C. Hatch,<br>Samuel W. Gold,<br>John L. West.         | 1834.<br>Norman Lyman,<br>Benj. Welch,<br>Lyman Catlin,<br>Gaylord Wells,<br>R. M. Fowler.           | 1842.<br>R. M. Fowler,<br>Benj. Welch, Jr.,<br>Samuel Buel,<br>John S. Wolcott,<br>Charles Vail.   |
| 1827.<br>Jehiel Williams,<br>Gaylord Wells,<br>Lyman Catlin,<br>Samuel R. Childs,<br>Luther Ticknor.     | 1835.<br>Johnson C. Hatch,<br>J. G. Beckwith,<br>Burritt B. North,<br>Manly Peters,<br>Charles Vail. | 1843.<br>R. M. Woodruff,<br>Myron Downs,<br>Benj. Welch, Jr.,<br>S. W. Gold,<br>H. Baldwin.        |
| 1828.<br>William Buel,<br>Benjamin Welch, Jr.,<br>Johnson C. Hatch,<br>Joel G. Candee,<br>Conant Catlin. | 1836.<br>Luther Ticknor,<br>E. D. Hudson,<br>Lyman Catlin,<br>R. M. Fowler,<br>Samuel Buel.          | 1844.<br>Johnson C. Hatch,<br>Geo. Seymour,<br>Norman Lyman,<br>John A. Gillette,<br>T. T. Seeley. |
| 1829.<br>R. C. Abernethy,<br>Samuel W. Gold,<br>Luther Ticknor,<br>Jairus Case,<br>R. M. Fowler.         | 1837.<br>Norman Lyman,<br>J. G. Beckwith,<br>Luther Ticknor,<br>Johnson C. Hatch,<br>G. H. St. John. | 1845.<br>R. M. Fowler,<br>J. G. Beckwith,<br>W. B. DeForest,<br>E. B. Lyman,<br>Albert A. Wright.  |

1846.  
Johnson C. Hatch,  
S. W. Gold,  
R. M. Woodruff,  
Myron Downs,  
Manly Peters.

1847.  
Benj. Welch, Jr.,  
Loomis North,  
Sidney H. Lyman,  
D. E. Bostwick,  
A. M. Huxley.

1848.  
Norman Lyman,  
Wm. W. Welch,  
A. A. Wright,  
Johnson C. Hatch,  
B. B. North.

1849.  
J. G. Beckwith,  
P. Beardsley,  
R. M. Fowler,  
Myron Downs,  
E. P. Lyman.

1850.  
Manly Peters,  
Ralph Deming,  
James Welch,  
G. H. St. John,  
J. E. Smith.

## WINDHAM COUNTY.

1792.  
John Clark,  
Elisha Perkins,  
Elisha Lord,  
A. Waldo,  
Isaac Knight.

1793.  
John Clark,  
Elisha Perkins,  
Elisha Lord,  
A. Waldo,  
Allan Campbell.

1794.  
Elisha Perkins,  
Elisha Lord,  
John Clark,  
Joseph Baker,  
Jonathan Wall.

1795.  
Elisha Lord,  
Elisha Perkins,  
Joseph Baker,  
John Brewster,  
Jonathan Hall.

1796.  
Elisha Lord,  
John Brewster,  
Joseph Baker,  
Joseph Palmer,  
Leonard Bacon.

1797.  
John Brewster,  
Jonathan Hall,  
Leonard Bacon,  
Thaddeus Clark,  
Penuel Hutchins.

1798.  
John Brewster,  
Joseph Palmer,  
Leonard Bacon,  
Thomas Hubbard,  
Thaddeus Clark.

1799.  
Jonathan Hall,  
Leonard Bacon,  
Thaddeus Clark,  
Thomas Hubbard,  
Penuel Hutchins.

1800.  
Penuel Hutchins,  
Leonard Bacon,  
Jonathan Hall,  
Thomas Hubbard,  
Siah Fuller.

1801.  
Penuel Hutchins,  
Jonathan Hall,  
Siah Fuller,  
Thomas Hubbard,  
Leonard Bacon.

1802.  
Penuel Hutchins,  
Robert Grosvner,  
Siah Fuller,  
Jonathan Hall,  
Thaddeus Clark.

1803.  
Penuel Hutchins,  
Joseph Palmer,  
Jonathan Hall,  
Thaddeus Clark,  
Siah Fuller.

\* 1806.  
Thomas Morse,  
Jonathan Hall,  
Thomas Hubbard,  
Darius Hutchins,  
Joseph Palmer, Jr.

1807.  
Thomas Hubbard,  
Joseph Palmer, Jr.,  
Thomas Morse,  
Siah Fuller,  
Darius Hutchins.

1808.  
Thomas Hubbard,  
Siah Fuller,  
Darius Hutchins,  
Joseph Palmer, Jr.,  
Thomas Morse.

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\* The records for 1804 and 1805 are wanting.

|                                                                                                               |                                                                                                               |                                                                                                           |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 1809.<br>Thomas Hubbard,<br>Joseph Palmer, Jr.,<br>Thomas Morse,<br>Robert Grosvenor,<br>Andrew Harris.       | 1817.<br>Thomas Hubbard,<br>Darius Hutchins,<br>Elijah Baldwin,<br>Charles Moulton,<br>Andrew Harris.         | 1825.<br>Andrew Harris,<br>Waldo Hutchins,<br>Chester Hunt,<br>William Webb,<br>Elijah Baldwin.           |
| 1810.<br>Darius Hutchins,<br>Andrew Harris,<br>Rufus Johnson,<br>Erastus Robinson,<br>Daniel Lyman.           | 1818.<br>Thomas Hubbard,<br>Joseph Palmer, Jr.,<br>Andrew Harris,<br>Silas Fuller,<br>Penuel Hutchins.        | 1826.<br>Andrew Harris,<br>Joseph Palmer,<br>Earl Swift,<br>Archibald Welch,<br>Luther Manning.           |
| 1811.<br>Thomas Hubbard,<br>Joseph Palmer, Jr.,<br>Darius Hutchins,<br>Siah Fuller,<br>Andrew Harris.         | 1819.<br>Thomas Hubbard,<br>Andrew Harris,<br>Penuel Hutchins,<br>Joseph Palmer, Jr.,<br>William A. Brewster. | 1827.<br>Josiah Fuller,<br>Joseph Palmer,<br>Harvey Campbell,<br>Asa Witter,<br>William A. Brewster.      |
| 1812.<br>Thomas Hubbard,<br>Siah Fuller,<br>Rufus Johnson,<br>Andrew Harris,<br>Daniel Lyman.                 | 1820.<br>No record.                                                                                           | 1828.<br>Elijah Baldwin,<br>Darius Hutchins,<br>Hiram Holt,<br>William H. Cogswell,<br>Morey Burgess.     |
| 1813.<br>Penuel Hutchins,<br>Thomas Hubbard,<br>Rufus Johnson,<br>Siah Fuller,<br>Joseph Palmer, Jr.,         | 1821.<br>Josiah Fuller,<br>Andrew Harris,<br>Earl Swift,<br>Joseph Palmer, Jr.,<br>Elijah Baldwin.            | 1829.<br>Andrew Harris,<br>Joseph Palmer,<br>Orin Witter,<br>William Hutchins,<br>Patrick Carpenter.      |
| 1814.<br>Thomas Hubbard,<br>Penuel Hutchins,<br>Rufus Johnson,<br>Darius Hutchins,<br>Joseph Palmer, Jr.      | 1822.<br>Thomas Hubbard,<br>Luther Manning,<br>Charles Moulton,<br>Earl Swift,<br>Archibald Welch.            | 1830.<br>Elijah Baldwin,<br>Joseph Palmer,<br>Thomas Huntington,<br>William A. Brewster,<br>William Webb. |
| 1815.<br>Penuel Hutchins,<br>Thomas Hubbard,<br>Joseph Palmer, Jr.,<br>Andrew Harris,<br>Rufus Johnson.       | 1823.<br>Josiah Fuller,<br>Elijah Baldwin,<br>Waldo Hutchins,<br>Luther Manning,<br>Chester Hunt.             | 1831.<br>Hiram Holt,<br>Andrew Harris,<br>John G. Pierce,<br>Isaac Clark,<br>Samuel Bowen.                |
| 1816.<br>Thomas Hubbard,<br>Darius Hutchins,<br>Joseph Palmer, Jr.,<br>Rufus Johnson,<br>William A. Brewster. | 1824.<br>Josiah Fuller,<br>Joseph Palmer, Jr.,<br>Earl Swift,<br>Silas Fuller,<br>Harvey Campbell.            | 1832.<br>Luther Manning,<br>Chester Hunt,<br>Morey Burgess,<br>Patrick Carpenter,<br>James B. Whitcomb.   |

|                                                                                                                          |                                                                                                                       |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>1833.</b><br>William A. Brewster,<br>Harvey Campbell,<br>William Grosvenor,<br>William Hutchins,<br>Charles T. Morse. | <b>1839.</b><br>Hiram Holt,<br>William H. Cogswell,<br>Darius Hutchins,<br>Justin Hammond,<br>Lorenzo Marcy.          | <b>1845.</b><br>William Witter,<br>Justin Hammond,<br>Milton Bradford,<br>Nathan S. Pike,<br>Chester Hunt.               |
| <b>1834.</b><br>Andrew Harris,<br>David E. Hall,<br>Wm. H. Campbell,<br>Darius Hutchins,<br>William Witter.              | <b>1840.</b><br>William Hutchins,<br>William Witter,<br>Calvin B. Bromley,<br>Eleazer Litchfield,<br>John H. Simmons. | <b>1846.</b><br>Harvey Campbell,<br>William H. Cogswell,<br>Eleazer Litchfield,<br>Fenner H. Peckham,<br>Lewis Williams. |
| <b>1835.</b><br>Hiram Holt,<br>Eleazer Litchfield,<br>Justin Hammond,<br>Virgil M. Palmer,<br>Morey Burgess.             | <b>1841.</b><br>Asa Witter,<br>William Hutchins,<br>William Witter,<br>Eleazer Litchfield,<br>William Webb.           | <b>1847.</b><br>William Witter,<br>Daniel A. Hovey,<br>David E. Hall,<br>Hiram Holt,<br>Lorenzo Marcy.                   |
| <b>1836.</b><br>Elijah Baldwin,<br>Isaac Clark,<br>Samuel Bowen,<br>John G. Pierce,<br>William Grosvenor.                | <b>1842.</b><br>William H. Cogswell,<br>William Witter,<br>Chester Hunt,<br>Asa Witter,<br>Harvey Campbell.           | <b>1848.</b><br>Hiram Holt,<br>Joseph Palmer,<br>Elijah Baldwin, Jr.,<br>William H. Cogswell,<br>James B. Whitcomb.      |
| <b>1837.</b><br>Andrew Harris,<br>Daniel A. Hovey,<br>William Witter,<br>John H. Simmons,<br>Orrin Witter.               | <b>1843.</b><br>Joseph Palmer,<br>Henry H. Hough,<br>James B. Whitcomb,<br>Calvin B. Bromley,<br>Nathan Adams.        | <b>1849.</b><br>Orrin Witter,<br>Asa Witter,<br>Charles H. Fuller,<br>Fenner H. Peckham,<br>DeWitt C. Lathrop.           |
| <b>1838.</b><br>Elijah Baldwin,<br>Harvey Campbell,<br>Chester Hunt,<br>Wm. A. Brewster,<br>Benj. B. Spalding.           | <b>1844.</b><br>Morey Burgess,<br>Dyer Hughs,<br>Lorenzo Marcy,<br>Orrin Witter,<br>Cyrus Hutchins.                   | <b>1850.</b><br>Daniel A. Hovey,<br>Samuel Bowen,<br>Nathan S. Pike,<br>William Witter,<br>David E. Hall.                |

## MIDDLESEX COUNTY.

|                                                                   |                                                                    |                                                                    |
|-------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>1792.</b><br>Thomas Moseley,<br>John Ely,<br>John Osborn.      | <b>1794.</b><br>John Osborn,<br>Thomas Moseley,<br>Ebenezer Tracy. | <b>1796.</b><br>Thomas Moseley,<br>John Osborn,<br>Richard Ely.    |
| <b>1793.</b><br>Thomas Moseley,<br>John Osborn,<br>Elisha Phelps. | <b>1795.</b><br>Thomas Mosely,<br>John Osborn,<br>John Ely.        | <b>1797.</b><br>Thomas Mosely,<br>John Osborn,<br>William B. Hall, |

|                                                                |                                                                     |                                                               |
|----------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------|
| 1798.<br>Thomas Mosely,<br>Ebenezer Tracy,<br>William B. Hall. | 1810.<br>Richard Ely, Jr.,<br>Smith Clark,<br>Samuel Carter.        | 1822.<br>Thomas Miner,<br>Samuel Carter,<br>Andrew F. Warner. |
| 1799.<br>No record.                                            | 1811.<br>Richard Ely, Jr.,<br>Christopher Holmes,<br>John Richmond. | 1823.<br>Thomas Miner,<br>Samuel Carter,<br>Andrew F. Warner. |
| 1800.<br>No record.                                            | 1812.<br>Richard Ely, Jr.,<br>Samuel Carter,<br>John Richmond.      | 1824.<br>Thomas Miner,<br>Rufus Turner,<br>Andrew F. Warner.  |
| 1801.<br>Thomas Moseley.<br>William B. Hall,<br>Richard Ely.   | 1813.<br>Richard Ely, Jr.,<br>Samuel Carter,<br>John Richmond.      | 1825.<br>Thomas Miner,<br>Samuel Carter,<br>Frederick Morgan. |
| 1802.<br>Thomas Moseley,<br>William B. Hall,<br>Richard Ely.   | 1814.<br>Richard Ely, Jr.,<br>Samuel Carter,<br>John Richmond.      | 1826.<br>Thomas Miner,<br>Rufus Turner,<br>Richard Warner.    |
| 1803.<br>Thomas Moseley,<br>William B. Hall,<br>Elisha Mather. | 1815.<br>Richard Ely, Jr.,<br>Samuel Carter,<br>Thomas Miner.       | 1827.<br>Samuel Carter,<br>Edward S. Cone,<br>Dan Platts.     |
| 1804.<br>Thomas Moseley,<br>William B. Hall,<br>Smith Clark.   | 1816.<br>William Tully,<br>Samuel Carter,<br>Thomas Miner.          | 1828.<br>Samuel Carter,<br>Henry Woodward,<br>Rufus Turner.   |
| 1805.<br>Thomas Moseley,<br>Richard Ely,<br>William B. Hall.   | 1817.<br>William Tully,<br>Samuel Carter,<br>Thomas Miner.          | 1829.<br>Samuel Carter,<br>Henry Woodward,<br>Thomas Miner.   |
| 1806.<br>William B. Hall,<br>Smith Clark,<br>Levi Ward.        | 1818.<br>William Tully,<br>Jesse Bigelow,<br>Thomas Miner.          | 1830.<br>Samuel Carter,<br>Richard Warner,<br>Charles Smith.  |
| 1807.<br>Richard Ely, Jr.,<br>Smith Clark,<br>John Richmond.   | 1819.<br>Austin Alcott,<br>Gideon A. Dickinson.<br>Thomas Miner.    | 1831.<br>Thomas Miner,<br>Ira Hutchinson,<br>Benj. H. Catlin. |
| 1808.<br>No record.                                            | 1820.<br>No record.                                                 | 1832.<br>Asa H. King,<br>Samuel Carter,<br>David Harrison.    |
| 1809.<br>No record.                                            | 1821.<br>Thomas Miner,<br>Samuel Carter,<br>William Tully.          | 1833.<br>Thomas Miner,<br>Asa M. Holt,<br>Caleb H. Austin.    |



1834.  
Richard Warner,  
S. B. Willey,  
Samuel Carter.

1835.  
Geo. H. Abernethy,  
Ira Hutchinson,  
Charles Smith.

1836.  
Joseph Barratt,  
Asa H. King,  
B. H. Catlin.

1837.  
Charles Woodward,  
Thomas Miner, 2d.,  
A. M. Holt.

1838.  
Thomas Miner,  
Asa L. Spalding,  
F. W. Shepard.

1839.  
Thomas Miner,  
Ira Hutchinson,  
Richard Warner.

1840.  
Rufus Turner,  
G. H. Abernethy,  
B. H. Catlin.

1841.  
Thomas Miner 2d,  
Seth L. Child,  
Elisha B. Nye.

1842.  
Charles Woodward,  
Ira Hutchinson,  
Rufus Turner.

1843.  
William B. Casey,  
A. H. King,  
Datus Williams.

1844.  
Geo. O. Jarvis,  
F. W. Shepard,  
Horace Burr.

1845.  
Ira Hutchinson,  
A. M. Holt,  
Richard Warner.

1846.  
Hamilton Brewer,  
Rufus Baker,  
Ambrose Pratt.

1847.  
Elisha B. Nye,  
A. H. King,  
Wm. H. Tremaine.

1848.  
Wm. B. Casey,  
G. C. H. Gilbert,  
F. W. Shepard.

1849.  
Franklin Woodruff,  
B. F. Fowler,  
Ira Hutchinson.

1850.  
Richard Warner,  
Datus Williams,  
Rufus Baker.

## TOLLAND COUNTY.

1792.  
Ichabod Warner,  
Jeremiah West,  
Joseph Parker.

1793.  
Ichabod Warner,  
Jeremiah West,  
Miner Grant.

1794.  
Ichabod Warner,  
Lewis Collins,  
William Grosvenor.

1795.  
Ichabod Warner,  
Joseph Parker,  
Lewis Collins.

1796.  
Ichabod Warner,  
Jeremiah West,  
Lewis Collins.

1797.  
Ichabod Warner,  
William Grosvenor,  
Simeon Field.

1798.  
Ichabod Warner,  
Jeremiah West,  
Joseph Parker.

1799.  
Ichabod Warner,  
Jeremiah West,  
Simeon Field.

1800.  
Jeremiah West,  
Nathan Howard,  
Ruggles Carpenter.

1801.  
Jeremiah West,  
Ruggles Carpenter,  
Nathan Howard.

1802.  
Samuel Willard,  
Ruggles Carpenter,  
Nathan Howard.

1803.  
Nathan Howard,  
Ruggles Carpenter,  
Samuel Willard.

1804.  
Jeremiah West,  
Ruggles Carpenter,  
John S. Peters.

1805.  
Jeremiah West,  
Ruggles Carpenter,  
John S. Peters.

1806.  
John S. Peters,  
Ruggles Carpenter,  
Nathan Howard.

|                                                                   |                                                               |                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| 1807.<br>Ebenezer Hunt,<br>John S. Peters,<br>Ruggles Carpenter.  | 1819.<br>John S. Peters,<br>John Grant,<br>Samuel Simons.     | 1831.<br>Earl Swift,<br>Jabez L. White,<br>Warren A. Fuller.        |
| 1808.<br>Ruggles Carpenter,<br>John S. Peters,<br>Eleazer McKray. | 1820.<br>No record.                                           | 1832.<br>Eleazer Hunt,<br>Alden Skinner,<br>Archibald Welch.        |
| 1809.<br>Ruggles Carpenter,<br>John S. Peters,<br>Nathan Howard.  | 1821.<br>John S. Peters,<br>Eleazer Hunt,<br>Jabez L. White.  | 1833.<br>Silas Fuller,<br>Earl Swift,<br>Oliver K. Isham.           |
| 1810.<br>Samuel Willard,<br>John S. Peters,<br>Eleazer McKray.    | 1822.<br>John S. Peters,<br>Nathan Howard,<br>Eleazer Hunt.   | 1834.<br>Ahijah Ladd,<br>Horatio Dow,<br>Warren A. Fuller.          |
| 1811.<br>Nathan Howard,<br>John S. Peters,<br>Daniel Peck.        | 1823.<br>Nathan Howard,<br>John Grant,<br>Horatio Dow.        | 1835.<br>Joseph C. Dow,<br>Earl Swift,<br>Alvan Talcott.            |
| 1812.<br>John S. Peters,<br>Daniel Peck,<br>Rodolphus Ladd.       | 1824.<br>John S. Peters,<br>Eleazer Hunt,<br>Joseph Sibley.   | 1836.<br>Jabez L. White,<br>Horatio Dow,<br>Alden Skinner.          |
| 1813.<br>Samuel Willard,<br>John S. Peters,<br>Judah Bliss.       | 1825.<br>Allen Hyde,<br>Orrin Hunt,<br>Abijah Ladd.           | 1837.<br>Archibald Welch,<br>Wm. H. Richardson,<br>Oliver K. Isham. |
| 1814.<br>Nathan Howard,<br>Rodolphus Ladd,<br>Silas Fuller.       | 1826.<br>Eleazer Hunt,<br>Orrin Hunt,<br>Alden Skinner.       | 1838.<br>Earl Swift,<br>Joshua C. Blodget,<br>Alden Skinner.        |
| 1815.<br>Nathan Howard,<br>John S. Peters,<br>Daniel Peck.        | 1827.<br>Jabez L. White,<br>Ahijah Ladd,<br>Chauncey Burgess. | 1839.<br>Orrin C. White,<br>Eleazer Hunt,<br>Ahijah Ladd.           |
| 1816.<br>John S. Peters,<br>Daniel Peck,<br>Eleazer Hunt.         | 1828.<br>Silas Fuller,<br>Horatio Dow,<br>Archibald Welch.    | 1840.<br>Horatio Dow,<br>Wm. H. Richardson,<br>Joseph C. Dow.       |
| 1817.<br>Nathan Howard,<br>John S. Peters,<br>Daniel Peck.        | 1829.<br>Silas Fuller,<br>Earl Swift,<br>Oliver K. Isham.     | 1841.<br>Timothy Dimock,<br>Jabez L. White,<br>Ahijah Ladd.         |
| 1818.<br>John S. Peters,<br>Daniel Peck,<br>John Grant.           | 1830.<br>Eleazer Hunt,<br>Orson Wood,<br>Timothy Dimock.      | 1842.<br>Orson Wood,<br>Horatio Dow,<br>Oliver K. Isham.            |

|                    |                     |                     |
|--------------------|---------------------|---------------------|
| 1843.              | 1846.               | 1849.               |
| Wm. H. Richardson, | Abijah Ladd,        | Adonijah White,     |
| Ebenezer Lindsey,  | Norman Brigham,     | Orson Wood,         |
| Wm. N. Clark.      | Charles T. Sumner.  | Elijah A. Woodward. |
| 1844.              | 1847.               | 1850.               |
| O'iver K. Isham,   | John H. Manning,    | Orrin C. White,     |
| Earl Swift,        | Wm. N. Clark,       | Benj. M. Comings,   |
| Horatio Dow.       | Alden Skinner.      | Timothy Dimock.     |
| 1845.              | 1848.               |                     |
| F. L. Dickinson,   | F. L. Dickinson,    |                     |
| Alden Skinner,     | Gilbert H. Preston, |                     |
| Orrin C. White.    | Alden Skinner.      |                     |

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SUMMARY OF OFFICERS AND FELLOWS, LIVING AND DEAD.

|                            | Living. | Dead. | Total. |
|----------------------------|---------|-------|--------|
| Presidents. - - - - -      | 4       | 12    | 16     |
| Vice Presidents, - - - - - | 8       | 14    | 22     |
| Secretaries, - - - - -     | 9       | 9     | 18     |
| Treasurers, - - - - -      | 4       | 9     | 13     |

*Committees.*

|                                     |    |    |    |
|-------------------------------------|----|----|----|
| Examination, - - - - -              | 25 | 14 | 39 |
| Nomination of Professors, - - - - - | 31 | 17 | 48 |
| Retreat for the Insane, - - - - -   | 25 | 8  | 33 |

*Fellows.*

|                         |      | Living. | Removed & Living. | Dead. | Uncertain. | Total. |
|-------------------------|------|---------|-------------------|-------|------------|--------|
| <b>Hartford County,</b> | —    | —       | —                 | —     | —          | —      |
| <b>N. Haven</b>         | " 41 | 5       | 25                | 2     | 73         |        |
| <b>N. London</b>        | " —  | —       | —                 | —     | —          |        |
| <b>Fairfield</b>        | " 28 | 7       | 28                | —     | 63         |        |
| <b>Litchfield</b>       | " 32 | 12      | 31                | —     | 75         |        |
| <b>Windham</b>          | " —  | —       | —                 | —     | —          |        |
| <b>Middlesex</b>        | " 20 | 12      | 20                | 2     | 54         |        |
| <b>Tolland</b>          | " —  | —       | —                 | —     | —          |        |

*Committee of Examination first appointed in 1813.*

|      |                      |      |      |                     |      |
|------|----------------------|------|------|---------------------|------|
| 1813 | *Timothy Hall,       | 1814 | 1835 | Earl Swift,         | 1843 |
|      | *Joseph Foote,       | 1818 | 1836 | Milo L. North,      | 1837 |
|      | *Siah Fuller,        | 1814 | 1837 | *Thomas Miner,      | 1841 |
| 1814 | *Thomas Hubbard,     | 1822 |      | David S. Dodge,     | 1838 |
|      | *Nathan Strong, Jr., | 1818 | 1838 | Milo L. North,      | 1839 |
| 1816 | *Thomas Miner,       | 1824 | 1839 | Jermiah T. Denison, | 1843 |
| 1818 | *Warren R. Fowler,   | 1827 | 1841 | Archibald Welch,    | 1846 |
| 1822 | *Eli Todd,           | 1824 | 1842 | Charles Woodward,   | 1845 |
| 1824 | William Buel,        | 1827 | 1843 | *Silas Fuller,      | 1846 |
| 1825 | *Sam'l B. Woodward,  | 1826 |      | R. M. Fowler,       | 1844 |
| 1826 | *Silas Fuller,       | 1837 |      | Wm. H. Cogswell,    | 1847 |
| 1827 | *Thomas Miner,       | 1828 | 1844 | Rufus Blakeman,     | 1847 |
|      | Elijah Middlebrook,  | 1828 | 1845 | Josiah G. Beckwith, | 1848 |
| 1828 | John O. Miner,       | 1829 | 1846 | George Sumner,      | 1848 |
|      | *Conant Catlin,      | 1829 |      | Richard Warner,     | 1847 |
| 1829 | *Thomas Miner,       | 1830 | 1847 | H. A. Grant,        | 1849 |
|      | *Sam'l B. Woodward,  | 1833 |      | Earl Swift,         | 1849 |
| 1830 | *Conant Catlin,      | 1831 |      | William Witter,     | 1850 |
|      | *Andrew Harris,      | 1833 | 1848 | Richard Warner,     | 1850 |
| 1831 | *Luther Ticknor      | 1843 |      | Alvan Talcott.      |      |
| 1832 | Archibald Mercer,    | 1834 | 1849 | Hiram Holt.         |      |
| 1833 | *Thomas Miner,       | 1834 |      | Orson Wood.         |      |
|      | Wm. S. Pierson,      | 1835 | 1850 | P. A. Jewett.       |      |
| 1834 | Dyer T. Brainard,    | 1842 |      | Benj. Welch.        |      |
|      | *Joseph Palmer,      | 1836 |      |                     |      |

*Committee to nominate Superintendent of Retreat for the Insane, first appointed at the Convention, 1823.*

|      |                      |      |      |                     |      |
|------|----------------------|------|------|---------------------|------|
| 1823 | *Thomas Hubbard,     | 1829 |      | Wm. H. Cogswell,    | 1843 |
|      | *Thomas Miner,       | 1827 | 1843 | Samuel Buel,        | 1844 |
|      | William Buel,        | 1824 |      | *Jabez L. White,    | 1845 |
|      | *Josiah Fuller,      | 1825 | 1844 | Norman Lyman,       | 1845 |
|      | William Tully,       | 1824 | 1845 | J. G. Porter,       | 1847 |
| 1824 | Eli Ives,            | 1847 | 1845 | Samuel Beach,       | 1848 |
|      | *Silas Fuller,       | 1825 |      | William Witter,     | 1847 |
| 1825 | William Buel,        | 1838 | 1846 | Johnson C. Hatch,   | 1849 |
|      | John S. Peters,      | 1838 | 1847 | David S. Dodge,     | 1848 |
| 1827 | *Josiah Fuller,      | 1829 |      | *R. M. Woodruff,    | 1849 |
| 1829 | George Sumner,       | 1831 |      | Sturges Bulkley,    | 1850 |
| 1831 | Samuel Carter,       | 1835 | 1848 | Hiram Holt,         | 1849 |
| 1835 | *Thomas Miner,       | 1838 |      | Worthington Hooker. |      |
| 1838 | George Sumner,       | 1842 | 1849 | Ashbel Woodward.    |      |
|      | Eleazer B. Downing,  | 1845 |      | Orrin Witter.       |      |
|      | Samuel W. Gold,      | 1842 |      | Thomas Miner,       | 1850 |
| 1839 | *Amariah Brigham,    | 1840 | 1850 | William Witter,     |      |
| 1840 | Richard Warner,      | 1846 |      | Rufus Blakeman.     |      |
| 1842 | Benjamin Welch, Jr., | 1843 |      |                     |      |

*Committee for the nomination of Professors in Yale College,  
first appointed in 1811.*

|                        |                     |
|------------------------|---------------------|
| 1811 *John R. Watrous, | 1812 *Joseph Foot.  |
| *Mason F. Cogswell,    | *Obadiah Hotchkiss. |
| Eli Ives,              | 1811                |

*Standing Committee for the nomination of Professors, first  
appointed in 1816.*

|                          |      |                          |      |
|--------------------------|------|--------------------------|------|
| 1816 *Mason F. Cogswell, | 1825 | 1836 *Joseph Palmer,     | 1839 |
| *Thomas Hubbard,         | 1827 | William S. Pierson,      | 1842 |
| *Nathan Strong, Jr.,     | 1817 | Sturges Bulkley,         | 1842 |
| 1817 William Tully,      | 1821 | Isaac Goodsell,          | 1843 |
| 1818 *Thomas Miner,      | 1821 | 1839 Josiah G. Beckwith, | 1842 |
| 1821 *Eli Todd,          | 1824 | 1840 Rufus Turner,       | 1842 |
| 1824 *Elijah F. Reed,    | 1825 | 1842 *Silas Fuller,      | 1843 |
| 1825 *Thomas Miner,      | 1827 | William Witter,          | 1843 |
| *Sam'l B. Woodward,      | 1827 | Orson Wood,              | 1843 |
| 1827 Jehiel Williams,    | 1829 | Norman Lyman,            | 1843 |
| *Isaac Jennings,         | 1829 | 1843 William S. Pierson, | 1847 |
| *Joseph Palmer,          | 1828 | Reynold Webb,            | 1847 |
| 1828 Elijah Middlebrook, | 1829 | Worthington Hooker,      | 1844 |
| 1829 *Eli Todd,          | 1834 | James B. Whitcomb,       | 1844 |
| *Andrew Harris,          | 1830 | Elijah Middlebrook,      | 1845 |
| *Thomas Miner,           | 1832 | 1844 Ashbel Woodward     | 1848 |
| 1830 *Luther Ticknor,    | 1831 | Henry C. Beardsley,      | 1845 |
| 1831 George Sumner,      | 1832 | 1845 R. M. Fowler,       | 1846 |
| 1832 *Joseph Palmer,     | 1834 | 1845 E. K. Hunt,         | 1848 |
| *Henry Woodward,         | 1833 | 1846 George Blackman,    | 1849 |
| 1833 Dyer T. Brainard,   | 1834 | 1847 N. B. Ives,         | 1849 |
| George Sumner,           | 1836 | George B. Hawley,        | 1850 |
| *Silas Fuller,           | 1834 | 1848 Wm. H. Cogswell,    | 1850 |
| 1834 Rufus Blakeman,     | 1836 | Alden Skinner.           |      |
| Milo L. North,           | 1836 | 1849 Elijah Middlebrook, |      |
| *Andrew Harris,          | 1840 | Norman Lyman.            |      |
| Gaylord Wells,           | 1835 | 1850 Johnson C. Hatch.   |      |
| 1835 *Elisha North,      | 1836 | Josiah G. Beckwith.      |      |

|                   |                    |                      |                   |
|-------------------|--------------------|----------------------|-------------------|
| M. Manning,       | Stonington,        | 1845.                |                   |
| Orson Wood,       | Somers,            | S. S. Noyes,         | N. Canaan,        |
| Anson Moody,      | North Haven.       | S. P. Wattles        | N. Stonington,    |
| 1841.             |                    | G. H. St. John,      | Gaylord's Bridge. |
| Eli Hall,         | E. Hartford,       | 1846.                |                   |
| Joseph F. Jewett, | Granby,            | G. O. Sumner,        | N. Haven,         |
| *E. Litchfield,   | Woodstock.         | Chauncey Burgess,    | Norwich,          |
| 1842.             |                    | G. O. Jarvis,        | Portland,         |
| Wm. C. Williams,  | Manchester,        | Joseph C. Dow,       | Stafford.         |
| P. Johnson,       | Kingston, R. I.,   | 1847.                |                   |
| *Uriah Turner,    | New York City,     | Daniel A. Hovey,     | Killingly,        |
| S. S. Marcy,      | Cold Spring, N. J. | Joel Canfield,       | Guilford,         |
| 1843.             |                    | Orrin C. White,      | Hebron.           |
| Alfred Kellogg,   | Avon,              | 1848.                |                   |
| Vine Smith,       | Lisbon,            | J. P. Converse,      | Enfield.          |
| Datus Williams,   | E. Haddam,         | 1849.                |                   |
| Cyrus Hutchins,   | Pomfret,           | Wm. N. Clark,        | Stafford,         |
| Biel Abbott,      | Milford, Mass.     | E. Skinner,          | Ashford.          |
| 1844.             |                    | 1850.                |                   |
| Benj. Rogers,     | Hartford,          | Merrill W. Williams, | N. York,          |
| George Blackman,  | Westport,          | Adonijah White,      | Andover.          |
| Orrin Witter,     | Chaplin,           |                      |                   |
| R. A. Manwaring,  | Ledyard.           |                      |                   |





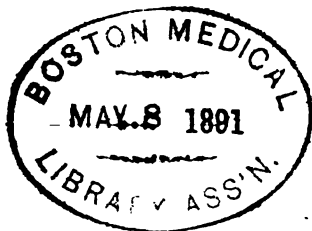


PROCEEDINGS  
AT THE  
FORTY-NINTH ANNUAL CONVENTION  
OF THE  
CONNECTICUT MEDICAL SOCIETY,  
MAY, 1851.

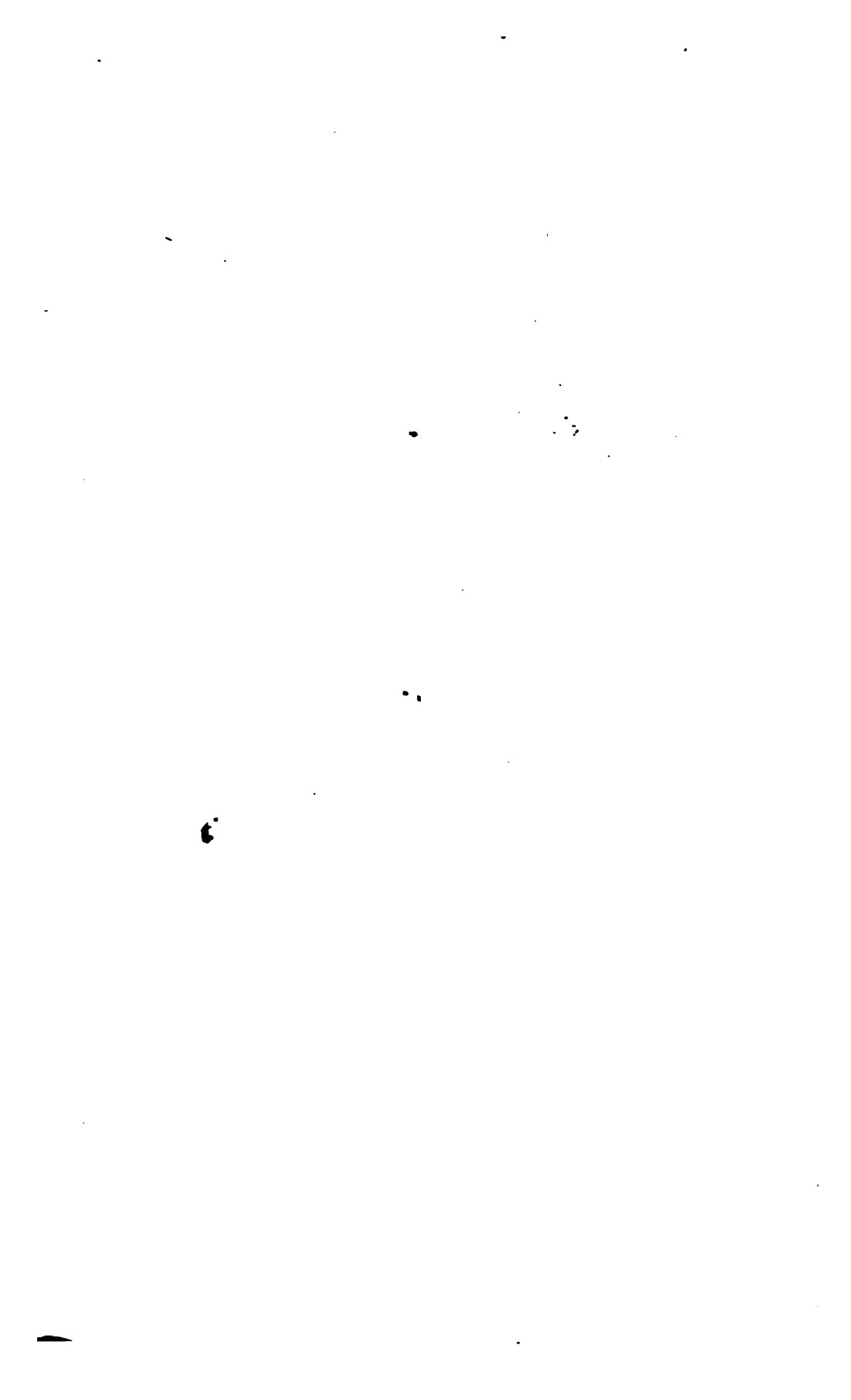
WITH A LIST OF MEMBERS.

AND THE  
ADDRESS ON THE EARLY PHYSICIANS OF CONNECTICUT,

BY GEORGE SUMNER, M. D.,  
LATE PRESIDENT OF THE SOCIETY.



HARTFORD:  
PRESS OF CASE, TIFFANY AND COMPANY.  
1851.



**PROCEEDINGS**

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**FOITY-NINTH ANNUAL CONVENTION**

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**MAY, 1851.**

**WITH A LIST OF MEMBERS.**

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**HARTFORD:**

**PRESS OF CASE, TIFFANY AND COMPANY.**

**1851.**

## OFFICERS OF THE SOCIETY.

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RUFUS BLAKEMAN, M. D., PRESIDENT.  
RICHARD WARNER, M. D., VICE PRESIDENT.  
GEORGE O. SUMNER, M. D., TREASURER.  
JOSIAH G. BECKWITH, M. D., SECRETARY.

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## STANDING COMMITTEES.

### *Committee of Examination*

RUFUS BLAKEMAN, M. D., *ex officio*.  
ORSON WOOD, M. D.  
P. A. JEWETT, M. D.  
BENJAMIN WELCH, M. D.  
P. W. ELLSWORTH, M. D.  
ASHBEL WOODWARD, M. D.

### *Committee to nominate Physician to the Retreat for the Insane.*

• ORRIN WITTER, M. D.  
GEORGE DYER, M. D.  
RUFUS BLAKEMAN, M. D.  
WILLIAM H. COGSWELL, M. D.  
J. G. BECKWITH, M. D.

### *Committee to nominate Professors in the Medical Institution of Yale College.*

A. M. HUXLEY, M. D.  
JOHNSON C. HATCH, M. D.  
JOSIAH G. BECKWITH, M. D.  
E. H. BISHOP, M. D.  
JUSTIN HAMMOND, M. D.

*The Annual Convention of the President and Fellows of the Connecticut Medical Society, was held at Gilman's Saloon, in the City of Hartford, May 14, 1851.*

The Convention was called to order by the President, when the certificates of the election of Fellows were presented by the Secretary, and referred to a Committee consisting of Drs. Jewett, Ellsworth, Woodward, J. Hammond, Gilbert, Burritt, Huxley and Richardson, who reported the following list of

## FELLOWS.

### HARTFORD COUNTY.

P. W. Ellsworth, M. D.  
J. F. Erving, M. D.  
W. S. Pierson, M. D.  
G. W. Sanford, M. D.  
P. G. Rockwell, M. D.

### NEW HAVEN COUNTY.

P. A. Jewett, M. D.  
E. H. Bishop, M. D.  
Eli Ives, M. D.  
Alvan Talcott, M. D.  
\*Ambrose Beardsley, M. D.

### NEW LONDON COUNTY.

Elijah Dyer, M. D.  
Ashbel Woodward, M. D.  
A. W. Coats, M. D.  
Jeremiah King, M. D.  
Samuel E. Maynard, M. D.

### LITCHFIELD COUNTY.

William Werden, M. D.  
A. M. Huxley, M. D.  
G. G. Bissell, M. D.  
J. C. Hatch, M. D.  
Seth Pease, M. D.

### WINDHAM COUNTY.

William H. Cogswell, M. D.  
Justin Hammond, M. D.  
Lorenzo Marcy, M. D.  
\*Samuel Hutchins, M. D.  
Calvin B. Bromley, M. D.

### FAIRFIELD COUNTY.

\*Nathaniel D. Height, M. D.  
Samuel Beach, M. D.  
\*Samuel S. Noyes, M. D.  
Lewis Richards, M. D.  
H. W. L. Burritt, M. D.

### MIDDLESEX COUNTY.

Alexander H. Hough, M. D.  
William H. Tremaine, M. D.  
G. C. H. Gilbert, M. D.

### TOLLAND COUNTY.

J. H. Manning, M. D.  
C. E. Hammond, M. D.  
William H. Richardson, M. D.

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\* Absent.

The President, George Sumner, M. D., then read an Address to the Convention, agreeable to a by-law adopted by the Convention of 1849, and declined being a candidate for re-election.

The following officers were elected for the ensuing year, viz.

RUFUS BLAKEMAN, M. D., President.

RICHARD WARNER, M. D., Vice President.

GEORGE O. SUMNER, M. D., Treasurer.

J. G. BECKWITH, M. D., Secretary.

On motion of Dr. Bishop,

The thanks of the Convention were tendered to the late President, Dr. Sumner, for his able and interesting address, and that a copy be requested for publication with the proceedings of the Convention.

A Communication was received from Dr. Butler, Physician to the Retreat, inviting the Convention to adjourn to the Retreat to-morrow morning, and after an examination of its condition, that they finish the business of the Convention, in the Chapel of the Retreat. Invitation accepted.

A Communication was then received from the New Haven County Medical Society, which was read and referred to a Committee, consisting of Drs. Cogswell, Ellsworth, Woodward, Bishop, Gilbert, Burritt, Welch, and C. E. Hammond.

A Communication was received from Palmer & Co. in reference to an artificial limb of their manufacture, which they wished to exhibit to the Convention, and obtain an expression of their views in relation to its adaptation to the relief of the public, and as a specimen of surgical apparatus.

Leave granted at any time during the session of the Convention.

The Report of the Treasurer was then read by the Secretary, the Treasurer being prevented by ill health from attending the Convention, and also from the same cause declining a re-election.

Report accepted, and referred to an Auditing Committee, consisting of Drs. Talcott, Erving, King, Hutchins, Tremain, Beach, Wenden and Manning.

Committee on Debentures were then appointed, consisting of Drs. Jewett, Dyer, Bromley, Gilbert, Erving, Burritt, Pease and C. E. Hammond.

A verbal Report was then made by Dr. Knight, Chairman of the Committee appointed to take into consideration the changes, if any

were necessary, in the Constitution and By-laws of the Connecticut Medical Society.

Report stated that the Committee had not been called together, but communications had been addressed by the Chairman to the several Counties, requesting their action, and an expression of their views and wishes in relation to any alteration in said Constitution and By-laws, and if any alterations were deemed advisable, requesting that they might be suggested through him to the Convention ; that only a portion of the State had been heard from, about one-half, and that there was no uniformity in the alterations suggested by these Counties. New London County had suggested a mass meeting of the Members of the Society. Hartford, New Haven and Fairfield Counties, had suggested a change in the ratio of representation, which seemed to him equitable within certain limits, and suggested that if such an alteration was made, and the representation increased, the compensation for attendance upon the Convention, and the travel fees, would as a consequence necessarily be reduced ; and suggested one dollar as the compensation for attendance, and six cents per mile for the travel fee. Also that no Member be allowed to vote in County Meeting, until his taxes were paid.

These were the principal alterations suggested by the Chairman of the Committee.

His Report was accepted, and the Committee discharged.

It was moved by Dr. Jewett, that the Report be the order of the day for 4 o'clock, P. M. of this day. Lost.

It was moved by Dr. Hatch, that the subject be indefinitely postponed. Lost.

Dr. Knight was then requested to reduce to writing the several alterations he had suggested, and bring them before the Convention in the afternoon.

The Convention then adjourned to 4 o'clock, P. M.

*Four o'clock, P. M.*

Society met pursuant to adjournment.

The Convention came to order, and Dr. Knight presented the following resolutions ; the first being an alteration of the Charter.

*Resolved*, That application be made to the General Assembly of the State, for an alteration of the Charter of this Society, so

“ That the Members of each County may appoint a number of Fellows in the proportion of one Fellow to every eight members re-

siding in such County, who shall have paid all taxes which have been duly laid by the Society, or who shall have been legally exempted from such payment; provided that no County Society shall be entitled to more than eight nor less than four members."

*Resolved*, That the following be passed as a By-law of the Society.

"Every Member of this Society shall annually contribute to its funds the sum assessed in Convention, and pay the same to the Clerk of the County in which he resides, on or before the succeeding Annual Meeting of said County, and that no tax paying Member shall be eligible to any office, nor permitted to vote, until he shall have made such payment."

*Resolved*, "That hereafter the President and Fellows shall receive one dollar for attendance in Convention, and six cents for each mile of the distance from their place of residence to the place of holding the Convention."

The Report accepted and taken up in Committee of the whole for consideration.

Dr. Bishop offered the following, as an amendment on the alteration in the Charter.

*Resolved*, That each County may appoint one Fellow to every six Members, provided that no County shall be entitled to more than ten nor less than six members.

Dr. Cogswell offered the following amendment to the amendment of Dr. Bishop.

*Resolved*, That no County shall be entitled to any representation, until they have paid ninety-five per cent of all taxes charged against them. Passed.

Dr. Knight then moved that the amendment to the By-laws be laid upon the table.

The whole subject was then indefinitely postponed.

In consequence of a resolution adopted by the Fairfield County Medical Society, and presented to this Convention, by Dr. Beach, the Clerk of said Society, the following persons were dismissed from the Society.

Lloyd Smith, Cyrenius H. Booth, E. Irvin, George Judson, Charles Gorham, Nehemiah Perry, John Goulding, J. Jauncey and Sylvester Mead.



On motion of Dr. Werden,

*Resolved*, That a Committee of three be appointed to examine the artificial limb of Dr. Palmer, and the obstetrical forceps presented for examination by the Messrs. Kelloggs, and report to the Convention their opinion of the same.

Drs. Jewett, Cogswell and Werden, appointed said Committee.

The Report of the Committee of Examination was then received from Orson Wood, M. D., who was appointed to report their proceedings to the Convention, was read, by the Secretary, and ordered to be printed with the proceedings of the Convention. (It will be found in the Appendix marked A.)

The proceedings of the New Haven County Medical Society relating to a delinquent member, were presented, and it was voted that the action of the New Haven County Society in the expulsion of Dr. W. W. Rodman, be confirmed by this Convention.

Drs. Ives, Hatch and Bishop, were appointed a Committee to nominate delegates to the American Medical Association, to be holden on the first Tuesday in May, 1852.

Drs. Talcott, Sanford, Coats, J. Hammond, Hough, Richards, Russell and Manning, were appointed a Committee to nominate Gratuitous Students for the vacancies which exist in the several counties.

Drs. Beach, W. S. Pierson, Dyer, Gilbert, Bishop, Burritt, Huxley, and Wm. H. Richardson, were appointed a Committee on Honorary Degrees and Honorary Membership. The Committee appointed to report Delegates to attend the next Annual National Convention, reported the names of Drs. George Sumner, F. J. Judson, Nathan B. Ives, and William H. Cogswell.

Report accepted, and they were accordingly appointed.

Dr. Jewett, from the Committee on Dr. Palmer's Artificial Limb, reported "That they found by reference to the proceedings of the Convention of 1849, that said limb had been presented to the Convention, and the subject had been taken up, and a report had been made in favor of said limb. The Committee believed that a report so recent should be satisfactory to Dr. Palmer, and the Committee asked to be discharged from further consideration of this part of their appointment.

Report accepted, and the Committee were accordingly discharged.

The Convention then, on motion, proceeded to fill the vacancies in the Standing Committees, when on balloting, it was found that Ashbel Woodward, M. D. and Pinckney W. Ellsworth, M. D. were elected to fill the vacancies in the Committee of Examination.

William H. Cogswell, M. D. and J. G. Beckwith, M. D. to fill the vacancies in the Committee to nominate Physician to the Retreat for the Insane, and George Dyer, M. D. to fill the vacancy in said Committee by the recent death of William Witter, M. D.

E. Hughes Bishop, M. D. and Justin H. Hammond, M. D. to fill the vacancies in the Committee to nominate Professors of the Medical Institution of Yale College, and A. M. Huxley, M. D. to fill the vacancy in said Committee by the death of Norman Lyman, M. D.

The Convention then adjourned to meet at eight o'clock on Thursday.

*Thursday, eight o'clock.*

The Convention met pursuant to adjournment, at Gilman's Hall, when in compliance with the invitation of Dr. Butler, accepted by the Convention, they adjourned to the Retreat for the Insane.

*Nine o'clock, A. M. at the Chapel of the Retreat.*

The Convention came together, when Dr. Talcott, from the Committee on the Treasurer's Report, stated that they had examined the same, and found it correct.

Report accepted, and Committee discharged.

*Abstract of Treasurer's Report.—Financial Summary.*

|                                |           |             |
|--------------------------------|-----------|-------------|
| Cash in Treasury,              | • • • • • | \$187.92½   |
| Due from Clerks, good and bad, | • • • • • | \$1,370.34½ |

The following exhibits the indebtedness to the Society, arranged by counties, and in the opposite column the outstanding debentures issued to such counties,—

|                                                                      | Owes.              | Has Debentures. |
|----------------------------------------------------------------------|--------------------|-----------------|
| Hartford county,                                                     | \$299.00           | 31.87½          |
| New Haven county,                                                    | 240.18             | 8.37½           |
| New London county,                                                   | 242.83             | 28.25           |
| Litchfield county,                                                   | 154.62             | 93.50           |
| Fairfield county,                                                    | 248.87½            | 67.25           |
| Windham county,                                                      | 46.78½             | 69.50           |
| Middlesex county,                                                    | 100.63             | 9.25            |
| Tolland county,                                                      | 37.42½             | 7.00            |
|                                                                      | <u>\$1,370.34½</u> | <u>\$315.00</u> |
| Deduct one-third of this for bad debts, abatements, commissions, &c. |                    | 456.78          |
| Shows net dues to be                                                 |                    | <u>913.56½</u>  |
|                                                                      |                    | \$1,101.49      |
| The Society owes debenture bills as above,                           | \$315.00           |                 |
| To J. B. Whitcomb,                                                   | 4.83               |                 |
|                                                                      | <u>\$319.83</u>    |                 |
| Balance in favor of Society,                                         | 781.66             |                 |
|                                                                      | <u>\$1,101.49</u>  |                 |
| Of the outstanding debentures,                                       |                    |                 |
| Amount issued in May last,                                           | \$208.37½          |                 |
| Redeemed during the year by                                          |                    |                 |
| clerks,                                                              | \$172.12½          |                 |
| Treasurer,                                                           | 16.25              |                 |
|                                                                      | <u>20.00</u>       |                 |
| Excess of amount issued,                                             | 20.00              |                 |
|                                                                      | <u>\$208.37½</u>   |                 |

On motion of Dr. Beckwith,

*Resolved*, That the thanks of this Convention be tendered to Dr. Virgil M. Dow, late Treasurer of the Connecticut Medical Society, for the very able and faithful manner with which he has for ten years performed the arduous duties of Treasurer of the Society, evident from the great improvement in its financial condition,\* and that a copy of this resolution be tendered him by the Secretary, as an evi-

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\* See Appendix B.

dence of the just appreciation in which they regard the important services rendered by him to the Society.

Passed unanimously.

Dr. Talcott, Chairman of the Committee on Gratuitous Students, reported that the following gentlemen were recommended from the following counties, viz.

|                    |                    |
|--------------------|--------------------|
| Hartford county,   | Almon P. Tickner.  |
| New Haven county,  | John S. Moody.     |
| Fairfield county,  | Nathaniel Freeman. |
| Litchfield county, | George Judson.     |

And the vacancies in New London, Windham, Middlesex and Tolland counties were filled with the following names.

G. H. Smith, John Davis, R. P. Lyon, and George P. Parsons.

Dr. Talcott offered the following resolutions.

*Resolved*, That a Committee of three be appointed to report to the next annual Convention, what improvements have been made during the last fifty years, in *Materia Medica*, and in Medicine and Surgery.

*Resolved*, That a Committee of three be appointed to report to the Convention in 1852, on such parts of Medical Ethics as may be thought proper to present to the Connecticut Medical Society.

Resolutions adopted, and the following Committees appointed.

*On Materia Medica.*

Eli Ives, M. D., Charles Woodward, M. D., D. A. Tyler, M. D.

*On Surgery.*

P. A. Jewett, M. D., P. W. Ellsworth, M. D., W. H. Cogswell, M. D.

*On Practice of Medicine.*

George Sumner, M. D., Worthington Hooker, M. D., Nathan B. Ives, M. D.

*On Medical Ethics.*

Archibald Welch, M. D., J. G. Beckwith, M. D., Richard Warner, M. D.

Drs. Cogswell, Erwin and Talcott, were appointed a Committee to report a Dissertator for the next Convention.

*Voted*, That the Chairman of the Committee on Constitutional Amendments, be paid the regular allowance for attendance on the Convention, with mileage.

The Committee on Debentures made a report, which was read, accepted, and ordered to be paid.

**Drs. Wilson, Jewett and Ellsworth**, were appointed a Committee to confer with a Committee of the Legislature, on the subject of Registration and other matters connected with the interests of the profession.

**Dr. Cogswell** made a report on the matters referred to the Committee of which he was Chairman, on the subject of using and vending nostrums, and a more summary way of dissolving the connection between the Medical Society with those of its members who may adopt Homeopathy, Hydropathy, or any of the exclusive systems of the day, recommending the attention of the County Societies to the 11th Article of the By-Laws in reference to the former, and an addition to the By-Laws in reference to the latter.

Report accepted, and Committee discharged.

The following Recommendation and Resolution were adopted.

That we recommend to each County Medical Society to examine into the sale of Patent Medicines, by members of the Society, and require the enforcement of the By-Law on the subject, as said practice is incompatible with honorable standing in the profession.

The following was adopted as an addition to the By-Laws of the Society.

“Each County meeting shall have the power to examine the case and immediately expel any member notoriously in the practice of Homeopathy, Hydropathy, or any other form of quackery, without any formal trial, the same to be ratified by the succeeding Convention, any By-Law to the contrary notwithstanding.”

**Pliny A. Jewett, M. D.** was appointed Dissertator for 1852.

**Henry D. Bulkley, M. D.** of the city of New York, was elected an honorary member of the Connecticut Medical Society.

*Voted*, That a tax of one dollar and fifty cents be laid upon the members of the Society, payable on and after the first day of June next.

**Dr. Cogswell** offered the following Resolution, which was unanimously adopted.

*Resolved*, That the President and Fellows of the Connecticut Medical Society assembled, believing that the cause of humanity demands further provision for the comfort and well-being of the Insane Poor of this State, do most earnestly but respectfully recommend to the Hon. General Assembly of this State, now in session, to make liberal appropriations to the Retreat for the Insane, to be extended to such only, as are unable by reason of indigence, to secure the benefits of

proper medical treatment ; and that a Committee be appointed to present the Resolution to the Legislature.

On motion of Dr. Jewett,

*Resolved*, That the Convention respectfully recommend to the Legislature an appropriation for the benefit of the Charity Patients in the General Hospital of Connecticut.

The above Resolution was also adopted, and were both referred to the same Committee, consisting of Drs. William W. Welch, Allyn, M. Hungerford, and E. K. Hunt.

There being no further business before the Convention, a vote of thanks was unanimously tendered to Dr. Butler for the use of the room for the sitting of the Convention.

The Convention then adjourned *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

## MEMBERS OF THE SOCIETY.

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### HONORARY MEMBERS.

|                       |                       |
|-----------------------|-----------------------|
| *FELIX PASCALIS,      | New York.             |
| JAMES JACKSON,        | Boston, Mass.         |
| JOHN C. WARREN,       | Boston, Mass.         |
| *SAMUEL L. MITCHELL,  | New York.             |
| *DAVID HOSACK,        | New York.             |
| *WRIGHT POST,         | New York.             |
| BENJAMIN SILLIMAN,    | New Haven.            |
| *GEORGE M'CLELLAN,    | Philadelphia, Pa.     |
| *JOHN MACKIE,         | Providence, R. I.     |
| *CHARLES ELDREDGE,    | East Greenwich, R. I. |
| THEODORE ROMEYN BECK, | Albany, N. Y.         |
| *JAMES THACHER,       | Plymouth, Mass.       |
| EDWARD DELAFIELD,     | New York.             |
| JOHN DELAMATER,       | Cleveland, Ohio.      |
| *WILLIAM P. DEWEES,   | Philadelphia, Pa.     |
| *JOSEPH WHITE,        | Cherry Valley, N. Y.  |
| JACOB BIGELOW,        | Boston, Mass.         |
| WALTER CHANNING,      | Boston, Mass.         |
| *PHILIP SING PHYSIC,  | Philadelphia, Pa.     |
| *LEWIS HEERMAN,       | U. S. Navy.           |
| DANIEL DRAKE,         | Cincinnati, Ohio.     |
| HENRY MITCHELL,       | Norwich, N. Y.        |
| NATHAN RYNO SMITH,    | Baltimore, Md.        |
| VALENTINE MOTT,       | New York.             |
| *SAMUEL WHITE,        | Hudson, N. Y.         |
| REUBEN D. MUSSEY,     | Cincinnati, Ohio.     |
| WILLIAM TULLY,        | New Haven.            |
| RICHMOND BROWNELL,    | Providence, R. I.     |
| WILLIAM BEAUMONT,     | St. Louis, Mo.        |
| SAMUEL HENRY DICKSON, | Charleston, S. C.     |
| *SAMUEL B. WOODWARD,  | Northampton, Mass.    |
| *JOHN STEARNS,        | New York.             |
| STEPHEN W. WILLIAMS,  | Deerfield, Mass.      |
| *HENRY GREEN,         | Albany, N. Y.         |
| *GEORGE FROST,        | Springfield, Mass.    |
| WILLARD PARKER,       | New York.             |
| BENAJAH TICKNOR,      | U. S. Navy.           |
| ALDEN MARCH,          | Albany, N. Y.         |
| *AMOS TWITCHELL,      | Keene, N. H.          |
| CHARLES A. LEE,       | New York.             |
| DAVID S. C. H. SMITH, | Providence, R. I.     |
| JAMES M. SMITH,       | Springfield, Mass.    |
| HENRY D. BULKLEY,     | New York.             |

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\* Deceased.





## ORDINARY MEMBERS.

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The names of those Members who are exempt from taxation by age, are in italics : the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

H. C. GILLETTE, M. D., Chairman.

J. C. JACKSON, M. D., Clerk.

<p>HARTFORD, <i>GEORGE SUMNER</i>, Henry Holmes, Samuel B. Beresford, George B. Hawley, Gardon W. Russell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i>, E. K. Hunt, John S. Butler, H. A. Grant, J. C. Jackson, A. W. Barrows, Thomas Miner, M. W. Wilson, A R C H I B A L D WELCH, Ferdinand Lubowski, Horatio Gridley, <i>West Hartford</i>, Edward Brace. AVON, Alfred Kellogg. BEELIN, E. Brandagee, Jr. NEW BRITAIN, <i>Samuel Hart</i>, Lucius Woodruff, E. D. Babcock, P. G. Rockwell. BLOOMFIELD, John F. Wells. BRISTOL, Joseph W. Camp, Israel L. Graham. BURLINGTON, William Elton, 2d. CANTON, Benadam Kasson, Thomas G. Hazen. <i>Collinsville</i>, Russell H. Tiffany, O. B. Freeman. EAST HARTFORD, <i>Eli Hall</i>, Seth L. Child, Clarence M. Brownell. EAST WINDSOR, Hiram Watson. <i>Broad Brook</i>, Marcus L. Fisk. <i>Warehouse Point</i>, Joseph Olmsted. ENFIELD, J. P. Converse, A. L. Spalding.</p>	<p><i>Thompsonville</i>, Stephen G. Risley, J. Bailey Beach. FARMINGTON, Asahel Thompson, E. W. Carrington, Chauncey Brown. <i>Plainville</i>, G. A. Moody. <i>Unionville</i>, William H. Sage. GLASTENBURY, Ralph Carter, Clinton Bunce. <i>South Glastenbury</i>, Roswell Hawley, Luman J. Andrus, Henry Gilbert. <i>Eastbury</i>, Sabin Stocking. GRANBY, Jairus Case, <i>Jos. F. Jewett</i>. <i>North Granby</i>, E. F. Erving. <i>East Granby</i>, Chester Hamlin. <i>West Granby</i>, Justus D. Wilcox. MANCHESTER, W. C. Williams, W. Scott. ROCKY HILL, <i>Sylvester Bulkley</i>. SIMSBURY, Roderick A. White. <i>Tariffville</i>, Geo. W. Sanford, Charles W. Ensign. SOUTHINGTON, Julius S. Barnes, — Byington. SOUTH WINDSOR, Horace C. Gillette, Sidney Rockwell, William Wood. SUFFIELD, <i>Asaph L. Bissell</i>, Samuel B. Low, Aretus Rising. WETHERSFIELD, E. F. Cooke, A. S. Waider. WINDSOR, <i>William S. Pierson</i>, Theodore Sill, Graham Lee. <i>Windsor Locks</i>, Samuel W. Skinner. <i>Poquonock</i>, Oliver B. Griggs.</p>
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NEW HAVEN COUNTY.

JONATHAN KNIGHT, M. D., Chairman.

DAVID A. TYLER, M. D., Clerk.

- NEW HAVEN, *Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, V. M. Dow, A. S. Munson, Charles Hooker, H. B. Porter, Nathan B. Ives, E. H. Bishop, E. D. North, A. C. Blakeslee, L. A. Thomas, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, N. W. Taylor, Jr., A. Moody, W. J. Whiting, S. G. Hubbard, H. W. E. Matthews.*
- Westville, Samuel Lloyd.*
- Fair Haven, C. S. Thompson, J. H. Beecher, W. M. White, Lyman Parker.*
- BETHANY, *Asa C. Woodward.*
- BRANFORD, *Willoughby L. Lay.*
- CHESHIRE, *A. J. Driggs, Nehemiah Banks.*
- DERBY, *S. T. Catlin.*
- Ansonia, Samuel P. Church.*
- Birmingham, Ambrose Beardsley, T. Dutton.*
- Humphreysville, Abiram Stoddard, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.*
- EAST HAVEN, *Bela Farnham.*
- GUILFORD, *Joel Canfield, Alvan Talcott.*
- MADISON, *Reynold Webb.*
- MERIDEN, *Gardiner Barlow.*
- West Meriden, B. H. Catlin, Edward W. Hatch.*
- Yalesville, C. B. McCarty.*
- MIDDLEBURY.
- MILFORD, *Andrew French, Hull Allen, L. N. Beardsley.*
- NAUGATUCK, *J. D. Mears, Timothy Langdon.*
- NORTH BRANFORD, *Sheldon Beardsley.*
- NORTH HAVEN, *C. B. Foote.*
- OXFORD, *John Lounsbury.*
- SOUTHBURY, *A. B. Burritt.*
- South Britain, N. C. Baldwin.*
- WALLINGFORD, *B. H. Harrison, S. W. Clark.*
- WATERBURY, *Joseph Porter, Daniel Porter, Jr., M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley.*
- WOODBIDGE, *Isaac Goodsell, Andrew Castle.*
- WOLCOTT, *Henry Byington.*

NEW LONDON COUNTY.

DYER T. BRAINARD, M. D., Chairman.

SETH SMITH, M. D., Clerk.

- NEW LONDON, *Dyer T. Brainard, Nathaniel S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, James Rogers, Seth Smith, C. M. Cone, D. P. Francis, Archibald T. Douglass, Albert Utter, Albert Hobson, Robert A. Manwaring, Elisha A. Hewitt.*
- NORWICH, *Richard P. Tracy, Worthington Hooker, Elijah Dyer, Jr., Elisha Pinney, Benjamin T. Roath, Jonathan W. Brooks, B. F. Barker, Ashbel B. Haile, John D. Ford, Jeremiah King, Edwin Bentley, Benjamin S. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston.*
- BOZRAH, *Samuel Johnson.*
- COLCHESTER, *Ezekiel W. Parsons, Frederick Morgan.*
- EAST LYME, *John L. Smith, Austin F. Perkins.*
- FRANKLIN, *Ashbel Woodward.*
- GRISWOLD.
- Jewett City, Alonzo Fuller.*
- GROTON, *Joseph Durfee.*
- Portersville, John O. Miner, Elias F. Coats.*
- LEBANON, *Joseph Comstock, Erastus Os-good, Richard P. Green.*
- LEDYARD.
- Gales' Ferry, Rufus W. Matthewson.*
- LISBON, *Vine Smith.*
- LYME, *Richard Noyes, John Noyes.*
- North Lyme, Wm. W. J. Warren.*
- MONTVILLE, *Ephraim Fellowes, Samuel E. Maynard.*
- Uncasville, Jedediah R. Gay, John C. Bolles.*
- NORTH STONINGTON, *Thomas P. Wattles, Alvah Gay.*
- PRESTON, *Avery Downer, Eleazer B. Downing.*
- Poquetannock, H. W. Coats.*
- SALEM.
- STONINGTON, *Wm. Hyde, George E. Palmer, Wm. Hyde, Jr.*
- Mystic, Mason Manning.*

FAIRFIELD COUNTY.

E. MIDDLEBROOK, M. D., Chairman.

SAMUEL BEACH, M. D., Clerk.

FAIRFIELD, Jeremiah T. Denison, S. P.	HUNTINGTON, James H. Shelton.
V. R. Ten Broeck.	MONROE, Salmon H. Hall.
Greenfield, Rufus Blakeman.	NEW CANAAN, Samuel S. Noyes, Lewis Richards.
Southport, Justus Sherwood.	NORWALK, John A. McLean, Ira Gregory.
BRIDGEPORT, Samuel Beach, D. H. Nash, William L. Watson, Frederick J. Judson, L. W. Burritt, Wm. Nash.	SHERMAN, Dana W. Northrop.
BROOKFIELD, Noah A. Lacey, A. L. Williams.	STAMFORD, Chauncey Ayres, N. D. Haight.
DANBURY, R. B. Botsford, E. P. Bennett.	STRATFORD, William T. Shelton.
Bethel, H. N. Bennett, J. S. Andrews.	TRUMBULL, ELIJAH MIDDLEBROOK, George Dyer.
DARIEN, Warren Percival.	WESTPORT, George Blackman.
EASTON, James Baldwin.	

WINDHAM COUNTY.

ORRIN WITTER, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel M. Hale, William Woodbridge.	Plainfield, Cent'l P. O., Morey Burgess, Elij. Baldwin, Jr., Horace Burgess.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Williams.
CANTERBURY, Elijah Baldwin, Joseph Palmer.	STERLING, Nathan S. Pike.
CHAPLIN, Orrin Witter.	THOMPSON, Samuel Bowen.
HAMPTON, Dyer Hughes.	VOLUNTOWN, Harvey Campbell.
KILLINGLY, Justin Hammond.	WINDHAM, Chester Hunt, De Witt C. Lathrop.
North Killingly, Fenner H. Peckham.	Willimantic, John Hill, Jr.
South Killingly, Daniel A. Hovey.	Scotland, Calvin B. Bromley.
West Killingly, David E. Hall, Samuel Hutchins, Stephen C. Griggs.	WOODSTOCK, North, Asa Witter.
Wilkinsonville, Henry W. Hough, Thomas W. Perry.	South Woodstock, Lorenzo Marcy.
Daysville, Charles H. Fuller.	West Woodstock, Milton Bradford, Charles H. Rogers.
PLAINFIELD, William H. Cogswell.	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

RALPH DEMING, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, WILLIAM BUEL, Samuel Buel, J. G. Beckwith, George Seymour, D. E. Bostwick, Chs. Vail.	BETHLEM, G. G. Bissell.
South Farms, Garry H. Miner.	BRIDGEWATER, Horace Judson.
BARKHAMSTED, F. B. Graham.	CANAAN, A. A. Wright, George Adam, Ithamar H. Smith.
	South Canaan, John A. Gillett.

CORNWALL, Burritt B. North.	SALISBURY, O. Plumb, Wm. Werden.
<i>West Cornwall</i> , Samuel W. Gold, I. E. Smith.	<i>Lakeville</i> , Benjamin Welch, Jr., John H. Welch.
<i>North Cornwall</i> .	SHARON, Ralph Deming, Chauncey Reed.
COLEBROOK, Seth Pease.	<i>Wolcottville</i> , Erastus Bancroft, W. K. Whiting, J. W. Phelps.
<i>Gaylords Bridge</i> , Gamaliel H. St. John.	WARREN, O. Brown.
GOSHEN, A. M. Huxley.	<i>Woodville</i> , Manly Peters.
HARWINTON.	WASHINGTON, R. M. Fowler.
KENT, <i>Wells Beardsley</i> , Johnson C. Hatch, Eliada Osborn.	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
NEW HARTFORD, <i>Centre</i> .	WEST WINSTED, James Welch, H. G. Westlake, John L. Wakefield.
NEW MILFORD, <i>Jehiel Williams</i> , Wm. B. Lacy.	WOODBURY, <i>Roswell Abernethy</i> , Charles H. Webb.
NORFOLK, William W. Welch, E. D. Hugins.	<i>Terryville</i> .
PLYMOUTH, Samuel T. Salisbury.	
<i>Plymouth Hollow</i> , William Woodruff.	
ROXBURY, Myron Downs.	

MIDDLESEX COUNTY.

RUFUS TURNER, M. D., Chairman.

G. C. H. GILBERT, M. D., Clerk.

MIDDLETOWN, Richard Warner, Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Franklin Woodruff.	HADDAM, Ira Hutchinson.
CHATHAM, Francis G. Edgerton.	<i>Higganum</i> , William H. Tremaine.
<i>Middle Haddam</i> , A. B. Worthington.	KILLINGWORTH, Rufus Turner.
CHESTER, S. W. Turner.	PORTLAND, George O. Jarvis, Stephen A. Fuller, G. C. H. Gilbert.
CLINTON, Denison H. Hubbard.	SAYBROOK, Asa H. King.
DURHAM, Benjamin M. Fowler.	<i>Essex</i> , Alexander H. Hough, Frederick W. Shepard.
EAST HADDAM, <i>Asa M. Holt</i> , Datus Williams, Elisha B. Nye.	<i>Deep River</i> , Rufus Baker.
	WESTBROOK, Harvey Way.

TOLLAND COUNTY.

ORSON WOOD, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, <i>Ahijah Ladd</i> , Oliver K. Isham, Gilbert H. Preston.	<i>South Mansfield</i> , Earl Swift.
ANDOVER, Adonijah White.	SOMERS, Orson Wood, Erasmus E. Hamilton.
BOLTON, Charles F. Sumner.	STAFFORD, <i>East</i> , William N. Clark, Eleazer S. Beebe.
COLUMBIA, Harrison McIntosh.	<i>Stafford West</i> , Joshua C. Blodget.
COVENTRY, <i>North</i> , Eleazer Hunt.	<i>Stafford Springs</i> , Henry M. Knight.
<i>So. Coventry</i> , T. Dimock, H. M. Booth.	UNION, E. Lindsley, S. F. Lindsley.
ELLINGTON, <i>Allen Hyde</i> , Horatio Dow, J. H. Manning.	VERNON, Alden Skinner.
HEBRON, JOHN S. PETERS, Orrin C. White, Elijah A. Woodward.	<i>Rockville</i> , Benjamin M. Comings, E. Hammond.
MANSFIELD, <i>North</i> , Norman Brigham, W. H. Richardson,	WILLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1850, WITH THE DEATHS FOR 1850.

	Taxable.	Not Taxable.	Total	Deaths.
Hartford County,	73	7	80	0
New Haven County,	62	10	72	2
New London County,	44	14	58	2
Litchfield County,	43	6	49	1
Windham County,	32	3	35	1
Fairfield County,	26	5	31	0
Middlesex County,	25	1	26	0
Tolland County,	25	3	28	1
Total,	330	49	379	7

NOTE. Former Fellows of the Connecticut Medical Society, are *permanent members* of the Annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the by-laws, to be present at all meetings of the Convention, and partake of the dinner on the first day of the session.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1851, WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County, no deaths reported.

New Haven County, Noah Stone, age 67. Affection of the Heart.

J. T. Hotchkiss, Fever, age 34.

New London County, Archibald Mercer, Apoplexy, age 62.

Chauncey Burgess, Affection of the Bowels, age 58.

Litchfield County, Norman Lyman, Congestive Fever, age 64.

Windham County, Dr. Wm. Witter, Disease of Kidneys, age 47.

Fairfield County, no deaths reported.

Middlesex County, " "

Tolland County, Orrin Hunt, Typhoid Fever, age 52.

DUTIES OF CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes, and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the Members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by Secretary.
3. Committee on the election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for gratuitous course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

The Members of the Society, in the several Counties, are requested to furnish the Clerks at the Annual Meeting, with a list of the Members of the Society previous to 1800; and the Clerks are hereby requested to forward those lists to the Secretary of the Connecticut Medical Society, for future use.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
 1794. Dr. Gideon Shepherd, on the Properties of Opium.
 1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
 1795. Dr. Thaddeus Betts, on the different species of Colic.
 1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
 1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
 1796. Dr. Lewis Collins, on the most eligible mode of increasing
 Medical Knowledge in this State.
 1796. Dr. Gideon Shepherd, on the same subject.
 1798. Dr. Samuel Hopkins, case of Bilious Concretion.
 1798. Dr. Jared Potter, "An Essay."
 1799. Dr. Thaddeus Clark, a Dissertation.
 1800. Dr. Nathaniel Dwight, on Lunacy.
 1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
 1817. Dr. W. R. Fowler, on the deleterious effects of Ardent Spirits.
 1818. Dr. William Buel, on Ergot.
 1820. Dr. Thomas Miner, on Typhus Fever.
 1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
 1822. Dr. William Tully, on the Yellow Fever at Middletown.
 1823. Dr. Dyer T. Brainerd.
 1827. Dr. Samuel B. Woodward, on the Biography of the Physicians
 of the State.
 1829. Dr. George Sumner, on Extra-uterine Conception.
 1830. Dr. Charles Hooker, on Diseases of the Ear.
 1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
 1836. Dr. E. H. Bishop, "Influence of Moral Emotions on Disease."
 1837. Dr. Archibald Welch, on Scarlet Fever.
 1838. Dr. Isaac G. Porter, on the disease commonly denominated
 Spinal Irritation.
 1839. Dr. Henry Bronson, on the Mental qualifications necessary
 to a Physician.
 1840. Dr. Richard Warner, on the advantages of prompt and effi-
 cient practice in Acute Diseases.
 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical
 Jurisprudence.
 1842. Dr. Charles Woodward, on Uterine Irritation.
 1843. Dr. Pinckney W. Ellsworth, on Phlebitis.

1844. Dr. Worthington Hooker, on the respect due to the Medical Profession, and the reasons that it is not awarded by the community.
1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
1846. Dr. Theodore Sill, Observations on Typhus Fever.
1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
1848. Dr. B. F. Barker, Remarks on some forms of disease of the Cervix Uteri.
1849. Dr. Alvan Talcott, on Hygiene.
1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
1851. Dr. George Sumner, on the early Physicians of Connecticut.

APPENDIX A.

REPORT OF THE COMMITTEE OF EXAMINATION.

The annual examination of candidates in the Medical Institution of Yale College, was held on Wednesday, January 15, 1851; all the members of the board of examination were present, except Hiram Holt, M. D.

The degree of Doctor in Medicine was conferred by President Woolsey on eleven candidates, including two previously examined, viz.

1. Warren Parker Beach, Meriden, on "Pneumonia."
2. George Benedict, B. A., Danbury, on "Pneumonia."
3. Orlando Brown, Groton, on "Scrofula."
4. Daniel Silliman Burr, Danbury, on "Pleurisy."
5. Samuel Catlin, Litchfield, on "Inflammation."
6. Henry Eddy, M. A., Guilford, on "Emetics."
7. Francis Coles Green, New Haven, on "Apoplexy."
8. Jonathan Jones Howard, Richmond, Ky., on "Ophthalmia."
9. Robert Hubbard, Middletown, on "Bright's Disease."
10. Matthew Turner Newton, Colchester, on "Uterine Hæmorrhage."
11. William Soule, Chaplin, on "Hysteria."

The annual address to the Medical Class was given by Richard Warner, M. D., of Middletown. It was pertinent to the occasion, and was listened to apparently with much interest, by the candidates, and also by the very respectable audience of citizens of both sexes, who were in attendance during its delivery. It was remarked of Dr. Warner, that he does not speak, except when he has something to say.

Alvan Talcott, M. D., of Guilford, and Benjamin Welch, M. D., of Salisbury, were appointed to give the annual addresses in 1852 and 1853.

Orson Wood, of Somers, was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

Adjourned to again meet on the fourth Wednesday of March, 1851.

The Committee would remark here, that they were highly pleased with the qualifications manifested by all the candidates, in the thorough examination they were subjected to, in all the various branches of medicine taught in this Institution. They gave good evidence that they had not mispent the time allotted to them for medical instruction—alike honorable to themselves, and the able teachers with whose instructions they have been favored. They gave evidence that they had reflected on, and prepared themselves for the highly responsible station they are intending to occupy in the community—that responsibility which on them will rest, when their friends, on beds of sickness laid, shall look up to them for help—that responsibility which shall incite them to be active and vigilant, by day and by night, to see that nothing be left undone, nor too much done, to save life. Better would it be for the public, if all those who enter the

field of practical medicine were thus well prepared. Better if the whole community were as well protected, from the officiousness of ignorant pretenders in the practice of medicine, as is the army and navy of the United States.

By order of the Committee,

ORSON WOOD, Chairman.

ADDENDA.—Since writing the above report, I have received from Professor Hooker, a notice of the proceedings at the adjourned meeting of the Board of Examiners, held on the fourth Wednesday of March, 1851. There were present, on the part of the Connecticut Medical Society, Alvan Talcott, M. D. and Pliny A. Jewett, M. D.; and on the part of Yale College, Professors Ives, Knight, Beers, Hooker and Bronson.

The degree of Doctor in Medicine was recommended by the Board, and conferred by President Woolsey, on Benjamin Franklin Basset, B. A. of New York. Dissertation on "Infancy."

A license was granted by the President of the Connecticut Medical Society, to Storrs Hall, M. A., of Westport. Dissertation on "Ventilation."

It may be proper to add, that all the candidates, at both sittings of the board, received the unanimous votes of all the members present.

ORSON WOOD.

APPENDIX B.

Comparison of the Financial Condition of the Medical Society in 1842 and 1851, in three particulars.

Amount of available funds, supposed in 1851,	\$1101.49
" " " " 1842,	715.71
Balance in favor of 1851,	\$385.78
Outstanding Debenture Bills, 1851,	\$315.00
Deduct cash on hand, "	187.92½	
	127.07½	
Outstanding Debenture Bills in 1842,	\$396 37	
Add Cash advanced by Treasurer,	41.84	
	\$438.21	
Balance in favor of 1851,	\$311.13½	
	\$438.21	
General Balance in favor of Society in 1851,	\$781.66	
" " " " 1842,	277.49	
	504.17	

ADDRESS.

THE first settlers of the colony of Connecticut came with but slender provision for the ills that awaited them. The pastor of the flock was the chief shepherd to whom they all looked for protection ; and the teacher upon whose instructions, in sickness and in health, they mainly looked for guidance. But few members of our profession accompanied them, and it was not till they were settled on the river bank or the wood side, it was not till sickness invaded their lowly dwellings, that the value of medical services was duly appreciated ; and it must be confessed that the early colonial settlements presented few attractions to allure the educated physicians of Europe to her borders. With a scattered population—with few of the conveniences and none of the luxuries of life—without means to remunerate them for their services—without roads—without books, without professional associates, it is not strange, it would be strange if it were otherwise, that we look in vain for accomplished physicians in the train of the first settlers of Connecticut.

In the year 1652, the general court granted the first medical license by which Thomas Lord was authorised to practice physic and surgery in Hartford and the adjoining towns. Thomas Lord belonged to a good family—was at times employed as a school-master—had paid some attention to the mysteries of the healing art, and was probably as well qualified to practice medicine as any other member of the colony. Fifteen pounds was to be his annual salary, so long as he devoted his time and attention, to the sick and suffering members of the colony. The fee-table of Dr. Lord, as established by the General Assembly, he having promised to charge no more, deserves to be transcribed for your especial notice.

"Thos. Lord having engaged to this court to continue his abode in Hartford for the next ensuing year, and to improve his best skill among the inhabitants of the towns upon the river, within this jurisdiction, both for setting of bones and otherwise, as at all times, occasions and necessities may require. This court doth grant, that he shall be paid by the country the sum of 15 pounds for the said ensuing year, and they also declare that for every visit or journey, that he shall take or make, being sent for, to any house in Hartford, 12 pence is reasonable; to any house in Windsor, five shillings; to any house in Wethersfield, three shillings; to any house in Farmington, six shillings; to any house in Mattabeseck or Middletown, eight shillings, (he having promised that he will require no more,) and that he shall be freed, for the time aforesaid, from watching, warding and training, but not from finding arms according to law."

In 1662, ten years after he received a license, Dr. Lord died in Wethersfield, nor does it appear that he was ever regarded as a very learned or skillful physician.

1653 In 1754 Daniel Porter was licensed to practice medicine and chirurgery, by the general court, which also granted him a small yearly salary. Doctor Porter lived at Farmington, but was required to attend upon those who needed his services in Windsor, Hartford and Wethersfield, with an occasional drive to Middletown. The general court established a fee-table for the doctor, from which we may infer what was a reasonable charge two centuries ago. He appears to have been celebrated as a bone-setter, and was for many years without a rival in the colony. In the year 1670, the general court, for the encouragement of Daniel Porter, increased his salary, and suggested to him the propriety of instructing some meet person in the art for which he was so much distinguished. Doctor Porter died in the year 1690, having been thirty-five years the general practitioner of the colony. The meet persons to whom he was invited to impart his skill, were probably Thomas Hooker of Farmington, and Samuel Mather of Windsor, both sons of the settled clergymen of those towns. We find accordingly, that in 1684, the general court did allow Thomas Hooker to practice the art of physick, and directed the

secretary to furnish him with a license. The same allowanee was granted to Samuel Mather,* and the two were for many years resorted to, by those who wished to obtain a license from the colonial government. In other instances, authority to practice was procured through the agency and influence of distinguished clergymen.

Two years afterwards, 1686, the court being "acquainted with the ability, skill and knowledge of Gershom Bulkley in the art of physic and chirurgery, did grant him full and free liberty and license to practice as there shall be occasion, and he shall be agreable." A similar license was granted to Charles Bulkley of Wethersfield in 1688.

The character, family, and fame of Gershom Bulkley are worth consideration. He was the son of Rev. Peter Bulkley, an emigrant from England who settled at Concord, Massachusetts. Dr. Bulkley was born in 1635, while his parents were on their voyage from England to this country—graduated at the College in Cambridge—married the daughter of Rev. Doct. Chauncey, and was regarded as one of the most distinguished men of the county. He pursued the study of divinity and medicine for a few years, and then removed to Connecticut. After this he was the pastor of the churches at New London and at Wethersfield, for about twenty years. In the meantime the colonial government raised a force of three hundred and fifty men, to resist the aggression of their Indian neighbors. Mr. Bulkley was chosen surgeon of the forces, and appointed one of the council of war. He then relinquished his ministerial duties and was released from the obligations of his pastoral office—received a license to practice medicine in the colony, removed to Glastenbury, and devoted the last thirty years of a useful life to the cares and responsibilities of the medical profession. To chemistry with its useful researches, to alchemy and its visionary speculations, and to philosophy as a cardinal branch of medical knowledge, he was much devoted; and his laboratory was well furnished with retorts, crucibles and all the apparatus for performing experiments, and he was particularly

* The license to Samuel Mather, jr., was granted by the general court, upon the recommendatory letters of Rev. Samuel Mather, Thomas Hooker, and Mr. Thomas Fisk.

eminent for his skill in chemistry. His children were respectable in their character and connections, and all settled around him. One son was the physician of Wethersfield, and died early in life; one was a clergyman and physician in Colchester, where he became eminent in both professions; and one was a farmer and magistrate in his immediate neighborhood. His daughters were all married and their children became the comfort and solace of his old age. He was also a magistrate who maintained the dignity of his station, while he dispensed charity to the weak and justice to all; his opinions were always received with great respect.

It is worthy of notice that the first case of medical jurisprudence in the colony—perhaps the first in the country was referred to him for an opinion.

Mary Brown of Wallingford, was brought to trial for the murder of her son—as it was known that she had been subject to paroxysms of insanity, the court and the jury were in some perplexity relative to their own course of proceeding. To release themselves from this embarrassing position, the court granted leave to the jurors to consult the most learned men in the colony and obtain their advice. They applied to Dr. Bulkley, whose character as a divine, whose opinion as a physician, and whose judgment as a magistrate, were all held in high estimation. The following is the summary of his opinion: “If she were not *compos mentis* at the time of the fact it is no felony, and consequently no wilful or malicious murder; and if she be known to be a lunatic, though she have her lucid intervals, there had need be very good and satisfactory proof that she was *compos mentis* at the time of the fact committed, for the law favors life.” The legal opinion from which the above extract is taken was in advance of the age, and probably averted the doom of the unhappy woman who was on her trial for the murder of her child.

“The last will and testament of Gershom Bulkley, in the county of Hartford, in her majesty’s colony of Connecticut, practitioner of physic in the year 1712. The same Gershom Bulkley having more than 20 years walked upon the very mouth of the grave, had not been unmindful of that which nature and common sense call for in such cases. But in the

meantime sorrowful changes from the Most High have come upon me, and some that I had hoped could have survived have prevented me and left me behind them to mourn their loss." The doctor proceeds to direct that his debts should be paid and his body decently but obscurely buried, without much cost or ceremony, "and as for those few poor children which I shall leave behind me in a sinful and calamitous world, the best bequest I have for them is Luther's short but significant and pertinent prayer. *Tu Domine serva Dora.*—To him therefore I commend them all, humbly beseeching that he will accept them and theirs and make them all his own and faithful unto death, and that he will be their portion from generation to generation."

I have not time to follow the doctor through the details of his will. To his son John, the settled pastor of the church at Colchester, he gave a silver pocket watch, and his books, and manuscript which related to literature and theology. To his son Edward he gave the clock, the seal ring, the great gilt spoon, and the least of his silver porringers, and all the books and manuscript which he possessed touching matters of law. To his grandson, Richard Treat, he gave all his books and manuscripts, whether in English, Latin, or the Dutch languages which any way concern medicine and chemistry, which books, with all his vessels and instruments, whether of glass, brass, copper, iron or stone, provided he hold and pursue his inclination to the study of medicine, but if by death or otherwise he be diverted and depart from it, he gave them to the next of his brethren who would apply himself to that study. To his daughter Catharine, then deceased, he had already given a portion of his worldly goods, but to her daughter Catharine, he gave the silver tankard, the light silver cucumbit, distinguished by its weight from that which he left to his daughter Dorothy, and by its size from that which belonged to the silver retort. He gave her also the silver salt cellar and the small silver dram cup. To his daughter Dorothy Treat, I will leave the doctor to speak for himself: "To my daughter Dorothy Treat aforesaid, who hath as yet had but little, and what she hath had is not now to be accounted for, I give all the rest of my personal property, whether it be in my own hand, or in the hands of others, or due and owing from others to me, except among them shall be any poor widow or widows, or other

truly poor persons not able to pay their debts to me—my will is that my executor shall remit it and not trouble them for it—yet with this advertisement that by poor I mean such as are indeed poor, at least by Divine Providence, and not by idleness ; nor such as may say they are poor, and yet can find wherewith to drink, revel and swagger, and make themselves poor and others too. And in particular to her, my third daughter Dorothy, I give and bequeath my negro maid Hannah, solemnly requiring, that into whose hands soever she happen to come, they use her well, and consider that she hath a soul to save as well as we, and is a Christian and therefore that they make conscience to promote her in reading, catechism and all christianity—that she may profit and grow in religion and godliness, and attain the end of her baptism to the glory of God ; and this I require, on her behalf, as they will answer the neglect thereof before God. For the execution of this my last will and testament, I nominate, constitute and appoint my son-in-law, Richard Treat, to be my sole and only executor.” Dr. Bulkley died at Glastenbury in the year 1713, at the age of 78. From an inscription upon his “obscure and modest grave-stone” in the church yard at Wethersfield, it appears that he was regarded as a man of rare abilities and extraordinary industry—excellent in learning—master of many languages—exquisite in his skill in divinity, physic and law, and of a most exemplary and Christian life.

The next application to the Legislature for a license to practice medicine came from the ancient town of Stratford. Upon the memorial of doctor James Laborie of Stratford, showing to the General Assembly that he has been in the practice of physic for many years, under the conduct and direction of his father, who was a well-known gentleman, of great skill and practice, and being desirous to pursue practice under the allowance of the general court ; Dr. Laborie requested a license, which was granted. In making the application, the doctor refers to the great skill and well-known reputation of his father, who also resided at Stratford. A friend has placed at my disposal the professional bill of the senior Dr. Laborie, to which I wish briefly to refer you, for the purpose of showing what remedies were used one hundred and fifty years since, and what remuneration was claimed for them. Dr. Laborie

was summoned over the river to Milford, by Mr. Lyron, the merchant of that place, whose wife was suffering from hysteric paroxysm or some nervous affection. The doctor promptly obeyed the summons, and with three men to row him over the river and through the ice, repaired to the house of the patient. That he attended the case with fidelity is apparent from the fact that in a few weeks he sent his employer a bill of charges exceeding £50. Mr. Lyron wished the items, of what he probably considered a large account, and as the case was brought to the court for judgment, the doctor was required to make out the bill in detail. From that account I have taken the liberty to note down a few extracts. "Lewis Lyron Dr. to James Laborie of Stratford, the 13th day of December, 1706, for his wife—My journey through the ice in a canoe with three men to put me over, 12s. The same night administered to his wife hysteric cordial, comp. diarectic and hysteric drink, £1 6s." For several days the hysteric cordial was diligently used and several pounds were charged for the same. In about ten days the remedy was changed, and four doses of my sal. polychrestes were administered at the expense of £1. The doctor also charged his friend for "my pills Royal" and "my polychrestes," and the "elixir vitæ of mine," enough to show that he held them in high estimation. For bleeding the arm, the charge was only 1s.—for bleeding the foot, 2s.—and for a blister to the shoulder, the cost was 9s. The whole amount of the doctor's bill was £59 and 2s; and to recover this sum an action was brought into court: "Att a County Court held in Fairfield, March 9th, 1707, James Laborie of Stratford, physician, pl^t., contr. Lewis Lyron of Milford, defend^t in an action of debt due by book, which is to the damage of the said James Laborie the sum of one hundred pounds current money of the colony of Connecticut. In this action the jury find for the pl^t., ye defend^t to pay £62 18s. and 6d. cash, and cost of court—the court accepts the jury's verdict and give judgment accordingly. Bill of cost allowed £1 3s. 10d. cash—the defend^t appeals to the court of assistants at Hartford in May next, and the defend^t and Col. Matthew Sherwood acknowledge themselves bound to the treasury of the county in a Recognizance of £70 cash, that the defend^t shall prosecute his appeal to effect, and answer all

damages in case he make not his plea good." The defendant preparing for a revival of his case, sought the opinion of Clark and other physicians of Boston, and also of Dr. Fisk Milford. From the former gentlemen the following document was received:

We the subscribers being requested to give our opinion on Dr. Laborie's account, upon due consideration, are of opinion that the prices of medicines in that account are extravagant and overcharged, and to the best of our judgment, consider them above £30 more than any honest practitioner would have charged.

Boston, April 10, 1708.

JOHN CLARK,
JOHN CUTTER,
OLIVER NOYES,
ABIJAH SAVAGE

The opinion of Dr. Fisk and his company was given in the following words:—"We think the bill to be very unreasonable and extravagant in these respects—first, he has set a certain price on an uncertain quantity, of which he makes Mr. Lyron the debtor. He charges Mr. Lyron £34 of which he tells neither the quantity nor the specific quality, save only he says cataplasm, which is no more than to say poultice—we may suppose it to be made of flax seed, or hysteric, which is no more than something like the mother—we may think it to be motherwort or something like—or diuretic, which may be pumpkin seeds or parsely root. Considering the time, either he must be extravagant in his doses or his prices, for we think it not possible for any patient to use such quantity of medicine in so short a time—wherefore we are verily of opinion that Doctor Laborie does wrong to himself and Mr. Lyron both, in that he over-charges Mr. Lyron £34 for these particular articles, and we think it unreasonable for a physician to charge his patients at pleasure, without demonstration as to the quantity or worth, of what he makes them debtor for, and how Doctor Laborie will make out the rest of his bill to be reasonable, he must find the way himself if he can.

JOHN FISK, Prac. Physician

May, 1708."

The only other document with which I will detain you, shows that the case was amicably arranged by the parties to the controversy, without obtaining the opinion of the general court.

"To the honorable court of assistants, now sitting at New Haven :—For as much as we have agreed upon the case, before your court, we pray you would please, not to call the action to an hearing.

Your most obedient servants,

JAMES LABORIE,
LEWIS LYRON."

Oct. 1708.

In 1695, the general court having had sufficient certificate of Nathaniel Wade's good ability and prosperous success, granted him liberty to practice physic and surgery, in this colony, and expressed their desire that the blessing of God might accompany his endeavors. Mr. Wade was a young man from Boston, who had graduated at the college in Cambridge, and had pursued a limited course of medical education. He first removed to Stratford, where he formed an acquaintance with Rev. Israel Chauncey, but soon transferred his residence to New Haven, where he also became known to Rev. Mr. Pierpont.

In May, 1695, he sent to the general court the following petition for their honorable license:—"The petition of Nathaniel Wade humbly sheweth, that being admitted an inhabitant of New Haven—having been educated at the college in Cambridge, under special advantages of knowledge in the faculty of medicine and chirurgery, for some time used in those sciences in the colony of Massachusetts, and for the space of a year and a half within this government, account it both my duty and prudence to beg your honorable allowance for serving the good people under your care as there may be opportunity in the exercise of these faculties, and your honorable license being granted, shall oblige your humble petitioner always to pray that God will make your walls salvation and your gates praise."

This petition was accompanied by a letter from Rev. Mr. Chauncey of Stratford, who says "I have been advantaged to have acquaintance with the aforesaid Mr. Wade and can give

testimony, that he hath had great opportunity by his abode among men of skill in Massachusetts, so he hath made considerable proficiency in physic and chirurgery—and may, if the honorable court shall please to license his practice, be an instrument of great good in these ends of the colony where men of skill are so scarce.” These documents were enclosed in a letter to the Rev. Mr. Pierpont of New Haven, where Mr. Wade improved his abilities. Mr. Pierpont had “received letters from Dr. Oliver, Mr. Brattle and Mr. Stoddard of Northampton, which furnished a good account of not only his education and manners, pious inclinations, but also of his manifest and known capacity in the mysteries of medicine and chirurgery.” He writes, “we have had satisfactory experience at New Haven, according to my observation, for his time, he has so accomplished that we have great reason of both satisfaction and thankfulness.” Mr. Pierpont adds a postscript to his letter, having no reference to the application of Mr. Wade, which shows that opinion was changing with the changing tide. There existed at that time a law in the colony, which prohibited the distillation of spirits from grain—the writer urged the general court to repeal the law, on the ground that “rye was a drug in the market and spirits very scarce.”

The following petitions for a license to practice medicine in the colony, were presented to the general court, and were all of them granted.

Petition of John Fisk of Milford.—“That whereas relations between the laws of our sovereign lord and the security of the practitioner and the safety of the public require it requisite and necessary, that those who practice medicine should be persons approved therein, and licensed thereto, and whereas I have now by the providence of God, the honor of my habitation within this your colony, where I am engaged and obliged to practice the above said art—Therefore, I petition for a license to practice therein.”

From Wrentham, where Dr. Fisk had formerly resided, a certificate was appended, “that John Fisk had for many years with good success, practiced in the arts of physic and

gery, and had made many notable cures, and had generally been accounted one of good skill and understanding in many maladies and their remedies, of which some of us have had experience."

21st Feb. 1694.

1705. Selectmen and others of Norwalk, in behalf of John Copp.—"If any petition shall be presented in behalf of John Copp, school-master, of our town, to be an approved physician, these lines are to assure your honors, that it will be well accepted and approved by most people among us. We judge him to be a safe and consciencious man, and have experienced considerable good by his administration among us."

1702. The next petition was from Obidiah Hosford of Hebron, for a license to practice. The testimonials which he presented to the General Assembly were, one from Gershom Bulkley, and the other from Samuel Mather. The former knew from certain rumors, and in part from himself, that he "hath practiced for years, but as for his learning, skill and success in said art and practice of physic, I know nothing." Dr. Mather certified that he had heard of his practice some years past, and by the good acceptance he hath had among his people, and by what he had gained by reading and experience in that science. Dr. Mather approved of his being an allowed physician. Dr. Bulkley's certificate bears date Glastenbury, May 7th, and Dr. Mather's, Windsor, May 10th, 1712.

1721. Dr. Blogget, Plainfield. "Whereas Wm. Blogget of Plainfield, hath practiced physic in the colony of Connecticut, sundry years—We, the subscribers, would inform the General Assembly, that he hath had good success in his practice, and hath done much good, through God's blessing, to many distressed sick people—sundry of us having much improved him, also that he is accounted a skillful physician as well by doctors, as by those who have improved him."

This petition bears the signature of many residents in Plainfield and Canterbury. The prayer of Wm. Blogget declared that he "had for many years studied the art and method of physic—had made divers experiments, by the blessing of God, with good success, to the satisfaction of those who have been bene-

fited and blessed thereby, besides the judgment and approbation of divers able doctors in the neighboring government doth therefore pray the Hon. Assembly to grant the supplicant license or commission to practice physic, as is usual in cases." This prayer and the recommendation did not avail, the license of Mr. Blogget was not granted.

As Dr. Blogget was a physician of some fame and large experience in the Eastern part of the State, I was interested to know why his petition, endorsed by the population of Canterbury and Plainfield, should have been refused. I found no objection to his moral character—no want of medical skill, he practiced to satisfaction—which implied that those who witnessed the doctor's proceedings, and those who tried his medicines, were satisfied with the result. The petition of Dr. Blogget shows plainly enough that he was an illiterate man, and could not with propriety be reckoned with the members of a learned profession. I wish to call the attention of those who teach, and of those who examine medical students, to the fact that one hundred and thirty years ago, deficiency in literary attainments was a fatal bar to those who sought to be enrolled under legislative sanction, with the physicians of the colony. Let that bar remain, sustained as it has been by the verdict of public opinion—by the judgment of our own profession—by the laws of our wide-spread country.

In the early part of the last century, a young resident of Hartford left the colony for the sole purpose of obtaining medical education. In accordance with English custom, he pursued the study seven years, with a physician in Boston, and on his return to Hartford, commenced the practice. In the year 1723, (he was then twenty-eight years old,) he applied to the general court for a license, and his application being enforced by the good opinions of Dr's. Mather and Hooker, was granted. From that time Dr. Bull was in a lucrative business; his manners were courteous, his opinions were held in high estimation, and his advice was sought for by those who needed his counsel in every part of the county. In short, he was for many years *the* physician of the county, and among his pupils were the first Dr. Wells of Berlin, Dr. Hart and Dr. Rogers of Danbury. Dr. Bull built a house on

Main-street, where the South Baptist Church now stands. It was not many years ago occupied by his son, the late Judge Bull, and in his garden have been erected five of the most beautiful houses in Main-street.

In the year 1720, Benj. Hall of Wallingford, applied for a license from the General Assembly to practice physic, which was granted.

1733. "Whereas Uriah Rogers of Norwalk, late an apprentice to Jonathan Bull, physician of Hartford, hath desired the subscribers to certify others of his practice in physic since his living in Norwalk—These are therefore to signify his practice has been full and large—his success very good—his behaviour grave, modest and obliging, and he seems to be well acquainted both with distempers and medicine. If he applies to the Gen. Assembly for a license to practice we believe he will answer such a character.

JOHN COPP,
DAN'L CHAPMAN."

The same year Sam'l Porter of Farmington, applied for and received a license to practice medicine within the jurisdiction of this colony.

These cases are sufficient to show in what manner the earliest physicians in the colony became authorized to practice medicine and surgery. If allowed by the General Assembly, they were not required to pay taxes, and were excused from military and other personal duties till the year 1740, after which they were taxed the same as other citizens. It does not appear that all who practiced physic in the colony, were authorized by the Legislature. It was no uncommon thing for a young man to enter upon the study of medicine, under the guidance of some neighboring physician, to ride with him till he felt competent to ride alone and then, with a certificate of his good character and satisfactory attainments, to become a candidate for public favor.

The following is a fair specimen of the testimony to which I have referred :

"This may certify whom it may concern that I y^e subscriber

for two years time have given Thomas Thompson at Farmington sundry directions in y^e mysteries of physick and chirurgery and doe find that y^e said Thompson hath made a considerable progress in said arts and withal finding him to be very careful in his practice and administrations—doe judge him to be a man as likely to do good in said mysteries as any man I know of that is not advantaged with college learning.

“Farmington, March y^e 29th, 1703.

“THOMAS HASTINGS, licensed phisician, &c.”

“This may certify that I the subscriber do judge the above said Thos: Thompson has a considerable insight in the art of physick and chirurgery and has for many years practiced the said art and with good success in his administrations.

“Farmington, May the 12th, 1721.

“SAMUEL PORTER, allowed chirurgeon.”

CLERICAL PHYSICIANS.

In the early days of the colony there was a class of men, who in their training for one sphere of usefulness were incidentally qualified for another. These were the clerical physicians. They were generally well educated, of unquestioned piety, and more than ordinary industry. Of the more distinguished of these men were Gershom Bulkley of Wethersfield, to whom we have already referred, and Isaiah Collins of Litchfield. The both resigned the ministerial office, and in their old age devoted their energies to the medical profession. Others, like Elliot of Killingworth, Fiske of Haddam, and John Bulkley of Colchester, continued to exercise the functions of both professions till their days of usefulness were ended.

Jared Elliott was the son of the minister at Guilford, and the grandson of the more celebrated John Elliott, who wrote against the use of wigs and tobacco, and labored with great zeal and success for the conversion of the Indians. Jared Elliott was born in 1685, and graduated at Yale College in 1703. Three years after leaving college, he was ordained pastor of the church at Killingworth, but he was more known as a useful physician than distinguished as an eloquent divine. To drain the lands and make them productive, to raise the mulberry-tree and furnish the colony with silk, and to superintend the ag-

cultural improvements of his farm, were objects to which his attention was occasionally devoted; but the great business of his life was the practice of the healing art. For this purpose he studied much, and was well versed in the works of Hippocrates, Galen and Celsus. His practice was extensive, and as his success in the treatment of chronic ailments was great, he was called often to visit patients in every part of the colony. He was the personal friend and correspondent of Berkeley and Franklin, and the instructor of several medical pupils. For forty years he is said to have preached every Sunday, and to have devoted some part of every week to the practice of medicine. He was methodical in making his arrangements and industrious in their execution. He was, moreover liberal in his character—enjoyed a high reputation in his life time, and left an honored reputation behind him.

Dr. Elliott died at Killingworth in 1763.

Rev. Phineas Fisk was a cotemporary of Dr. Elliott, and a son of Dr. John Fisk of Milford, to whose opinion of Dr. Laborie's indefinite charges I have already referred you. To Rev. Dr. Field of Haddam, I am indebted for the following sketch of the character of the Rev. Phineas Fisk:—He was a man of great respectability and excellence, both as a divine and physician. He was graduated at Yale College in 1704, and was appointed tutor of that institution, and after the death of Rector Pearson, the under classes were especially under his care; he maintained his connection with the college six years, and had a high reputation as an instructor. He was then licensed to preach the gospel, and was subsequently ordained pastor, with the Rev. Jeremiah Hobart of Haddam. How early he studied medicine is not known. His father, John Fiske of Milford, was a physician, and he may have studied with him, even before he turned his attention to divinity. Be this as it may, he became an eminent practitioner, and might have had as much fame as Dr. Elliott had he lived as long. He was much known and greatly esteemed in his day.

John Bulkley of Colchester, was graduated at Harvard College in 1699, and three years afterwards ordained and settled at Colchester. While in college he was a distinguished scholar, and he extended his researches into the various departments of

law, medicine and theology. He was classed by the Rev. Dr Chauncey as among the men most eminent for strength of genius and powers of mind which New England had produced; and by Peters, who rarely wasted compliments upon the good people of Connecticut, the Bulkleys are spoken of with respect "Colchester has to boast of Rev. John Bulkley for its first minister, whose grandfather, Peter Bulkley, possessed a gentleman's estate in Bedfordshire, which he sold and spent the produce among his servants in Massachusetts. "John Bulkley was a great scholar, and suffering prudence to govern his hard temper, he conciliated the esteem of all parties and became the ornament of the *sober dissenters* in Connecticut. He was a lawyer, a physician, and a divine; he published an ingenious pamphlet to prove that the title of the people to their lands was good, because they had taken them out of the state of nature. His argument satisfied many who thought their titles were neither legal, just nor scriptural, indeed it may seem conclusive if his major proposition be granted, that the English found Connecticut in a state of nature. His son John, was a lawyer and physician of great reputation, and was appointed a judge of the supreme court very young. He and his father were suspected to be not sound in the faith, because they used in their prayers, some portion of the English Liturgy."

I have a few words to say respecting the personal appearance of our early predecessors. Some of them, as I have already mentioned, were clergymen who appeared in public with their *wig* and *cocked hat*, and would have thought it unbecoming to exhibit themselves in any other dress. Those physicians who assumed the character of learned and well behaved members of the profession, were bedecked like the clergy, in professional costume. As an illustration of the fact, I may refer to the portraits of the old physicians, and also to their wigs and robes. Jonathan Williams graduated at Yale College in 1732 and pursued the practice of medicine at Wethersfield until he died, in 1738. He was but thirty years old at the time of his death. In the Probate Office at Hartford, is an inventory of his estate, from which I make the following extract:—Hat a

bands, £2 12s. ; Wig, £1 10s. ; Best coat was valued £10 ; and his Leather breeches, £3 5s.

His library consisted of the *Modern Physician*, by Philip Woodhouse, and the *Principles of Medicine*, by Thomas Morgan; *The History of Oliver Cromwell*, and a copy of *Euclid* were his miscellaneous books, all valued at something more than 20s.

I wish next to invite your attention to Dr. James Hurlburt of Berlin, who was born in the year 1717. At the beginning of his professional career he was distinguished for industry and talents, and soon acquired the reputation of being a learned man and skillful physician. Students applied to him for instruction, patients for relief, and neighboring physicians for counsel. Respected for his learning, and admired for his genius, the doctor might have pursued a course of unvarying prosperity, but the brilliancy of his morning sun was obscured by the clouds of noon-day, and by the thick darkness of evening. He adopted the practice of drinking ardent spirits, at first moderately and occasionally, but his moderation was soon converted into excess, and his occasional potations became frequent and immoderate ; and the doctor became a slave to vicious indulgence. He was no longer the pleasant associate of other physicians—no longer the gentleman whom all were glad to meet, nor the esteemed physician whom men of prudence would wish to consult ; but a sot in his appearance, a vagabond in his habits, he lived to disgrace himself and inflict a stigma upon his profession. Dr. Woodward informs us that he would not in his latter years, prescribe for any patient till the square bottle of rum was placed under his entire and exclusive control. He used, at the same time, enormous quantities of opium—rum for excitement, and opium to steady the effects of the rum. “For many of his last years all the avails of his practice were expended in the purchase of opium, but he was rarely intoxicated, and when so much under the influence of alcohol as not to be able to stand, his mind would appear to be clear, and his judgment unimpaired. When in the attire of a vagrant, he walked about supported by his staff, lame, filthy and miserable ; if his attention was engaged to any subject of learning, he would exhibit such resources of information, such powers of logic, such judicious and sensible remarks as would astonish all

his auditors, and particularly surprise strangers." The doctor's usual place of residence was at Berlin, near the line of Hartford and New Haven railroad, but he tasted his last drink and uttered his last groan at the house of some friend in Wethersfield, where he was buried. There was neither monument nor beacon placed over his grave to tell the visitor how he rose to a station of eminence, and how he sunk to the condition of poverty and contempt.

I have alluded to the pupils of Dr. Hurlburt, of whom the most eminent was Dr. Bird of Litchfield. He, too, was a man of uncommon talent, who paid as much reverence to Boerhaave and the brandy bottle, as had ever been exhibited by any learned but eccentric teacher, but he was more prudent in his financial arrangements and maintained to the last his position in society. "He was," says Dr. Buel, "a remarkable man, and the vigor of his mind was what I think may be called prodigious." His son John, a member of Congress from the State of New York, was a man of great and original genius, eccentric and imaginative, not so much distinguished for sound common sense as his father, but in my limited opportunities I have known of no instances of what I thought superior original powers of mind, to those of the Birds, father and son." This opinion was once prevalent in this State, and Hurlburt and I may have given it currency, that those physicians who used ardent spirits freely, were the very best doctors, if their services could be secured before it was too late in the day—in other words, that a certain amount of stimulation sharpened the intellect, and enabled them to prescribe for the various forms of disease with extraordinary skill and success. This idea, which fortunately for the cause of good morals, has become obsolete, probably originated at a time when physicians under the excitement of ardent spirits, discoursed most fluently respecting medical theories, and most confidently concerning the success of their own practice. The oratory of a physician under this artificial excitement might have been more impressive than the dry discourse of his sober mood, but it was a delusion, to infer that his practice was more safe or more effectual.

Dr. Bird, however, appears to have formed a high estimate

of the remedial powers of brandy. In his old age his eyes became red and inflamed, and a friend suggested to him that he would not advise a patient in his situation the same course of living. Bird replied, I can do without eyes but I cannot live without brandy. He was probably admonished by the sad career of Hurlburt to make some provisions for the future. He was moreover disposed to encourage others to adopt the same precautions. On one occasion, having met Dr. Catlin in consultation and disposed of the case of the patient, Bird observed to his friend, "Catlin, you are devilish poor, and ought not to be so. I have laid by something for a rainy day, and it is not too late to retrieve your circumstances—charge more, take care of your money, and in five years you will be as well off as I am." Catlin's pungent reply was, "No, Bird, four years of rascality won't do it."

Dr. Bird was born at Bethlem in 1733, and died at Litchfield at the age of 72 years; he and his preceptor may be regarded as uncommon specimens of the drinking doctors of Connecticut.

The next most eminent physician who practiced medicine in this part of the county, was Norman Morrison. He was a native of the Western Isles of Scotland—was educated at the University of Edinburgh, which was at that time acquiring distinction by the character of its medical school. Having completed his medical studies, he left Glasgow for this country in 1736. Cullen, at that time, was 24 years of age, and shortly afterwards commenced his brilliant career of instruction. Doctor Morrison came with a full consciousness of the dignity of his profession, and of his own personal duty to sustain it. He was the first man in the colony who separated the practice of medicine from pharmacy, and encouraged the establishment of an independent apothecary in this city, and by so doing he proved himself in advance of the other physicians.

When he first arrived in the country, he purchased of Mr. Sheldon of Suffield, a house and lot in Main-street, a few rods North of the Court House. Temple-street was subsequently opened through his grounds, and the Market and City Hall stand on its eastern borders. Dr. Morrison was at all times regarded as a learned physician, and to him many young men of the colony, resorted for instruction.

Alexander Woolcott of Windsor, son of the governor, and John Osborne of Middletown, son of the first doctor Osborne, were *the most* distinguished of his pupils. He married the widow Mr. John Smith, a young merchant in the London trade, and by his marriage acquired a large accession to his property.

He was highly esteemed by his professional brethren, and was frequently solicited to visit their patients in consultation. On one occasion he was requested to visit a patient with Mr. Andrews, who resided on the borders of Farmington and Elin, and was known as the Indian doctor, whose skill had been derived from his friendly intercourse with the natives. As he was an unlearned man who had never pursued any course of medical studies, our Scotch doctor was in some perplexity to whether he should obey the summons or decline it. Duty said "no"—duty said "yes," and conscience was appeased by appointing a time when he would visit the patient. But the letter was in Latin, and gave no light to Andrews till he resorted to a neighboring clergyman, who translated it into English. Andrews, who had been with the Indians enough to gain something of their language, returned an answer to Dr. Morrison in the native dialect, and in this instance, the Yankee was too shrewd for the Scotchman. In the midst of his professional usefulness, Dr. Morrison's only son was seized with small pox, and in accordance with the laws of that period, the civil authority interfered and required the unfortunate young man to be removed to some house remote from his family, and there he died. Indignation and sorrow mingled in the father's heart, and were depicted in his countenance. The son was brought to his father's garden and buried, and there by his side, at a future day, were placed the remains of Dr. Norman Morrison. The following inscription was copied from his monument:—"Under this monument are Buried the Remains of Norman Morrison who being born in the Westerns Island of Scotland and educated at Edinburgh, lived a physician inferior to none—an husband, brother, father and friend among the most excellent; in manners gentle, to those in need, liberal; kind and beneficent to the poor and a Christian without deceit. He died much loved and lamented, the 9th of April, 1761, in y^e 55th year of his age.

Any reference to the physicians of Hartford county would be incomplete if it contained no allusion to Dr. Alexander Woolcott of Windsor. He was born in 1711, graduated at Yale College in 1731, and shortly afterwards became a student of medicine in the office of Dr. Norman Morrison. His father had been the chosen leader of that band of adventurers who left Connecticut for the capture of Louisburg, and for the success of that bold enterprise, much was due to the valor and discretion of Oliver Woolcott. The *successful* hero shortly afterwards became governor of the colony. His son Alexander pursued the study of medicine under the most auspicious circumstances. At college he was distinguished for his classical attainments, and afterwards for the energy with which he unravelled the mysteries of the healing art. When he had finished his course of medical studies, Dr. Woolcott returned to Windsor to practice the duties of his profession. His library was large and well selected, and its array of folios, mostly in Latin, which would make a student of this day shudder with apprehension. Yet in such a form were the works of Bonetus, Sennertus and Morgagni, while in less ponderous shape, but in the same language, were found the first edition of the great work of Sydenham; and Dr. Woolcott was in the practice of reading these ponderous tomes of Latin and Greek, though one of the sons, to whom they devolved, looked upon them as excellent waste paper, and as such employed them. Thirty years ago the remnant of this ancient library came into my possession, and at that time it contained 200 volumes of what a medical man may designate as the early fathers of his profession.

About the year 1740 Dr. Woolcott commenced the practice of medicine at Windsor. He had a faithful domestic to escort him when he visited his patients, and to aid him in preparing medicines for the sick. In this way, Primus and his master lived on for years, till it occurred to the latter, that the old negro should be released from bondage. Primus was free, but he did not waste months in doubt respecting his future employment. He immediately removed to the opposite bank of the river, and was at once recognized as a doctor, and as such frequently employed. On one occasion he was requested to visit

a sick child at Poquonnock. Primus obeyed the summons, and employed such remedies as, in his judgment, the case demanded. On his way home, he rapped at the door of his old master, who came out to inquire what was wanted. "Nothing particular, master, I called to say that I was sent for to see a child of an old neighbor—found it a very simple case, and said to the mother it was not necessary for her to send so far for a doctor for you would have done for the child just as well as any one else." His practice, however, was mainly on the east side of the river, where he more frequently crossed the path of Isham Mather. On some such occasion, the doctor accosted him "What, Primus, do you practice yet?" "Only in difficult cases, master," was the old negro's reply.

Both in difficult cases and in plain ones, Primus found employment for his old age, and was esteemed a physician of some skill, as he was a man of more than common shrewdness. Dr. Woolcott was greatly respected in his old age, for he had laid that foundation on which the homage of other people is frequently based—he had laid by stores of medical knowledge which he had imparted freely to the sick and suffering—he was respected because he was useful to others, and because he respected himself. Two of his sons were physicians, one who practiced at Windsor after the death of his father, and Simon who resided at New London, and was one of the founders of the Connecticut Medical Society.

When in 1776 the General Assembly was forced to make some provision for the medical staff of the army, they chose a committee to examine all who applied for the post of surgeon or surgeons' mates. Dr. Woolcott was at the head of the committee.

PHYSICIANS OF THE ARMY.

The war in which the colonies were involved, elicited so great a degree of medical talents. During the Pequot war, Gershom Bulkley was elected surgeon of the forces raised in Connecticut to repress Indian hostilities. His pay was but the moderate allowance of 14 shillings per week. In the year 1742, an expedition against Louisburg was promoted by the English go-

ernment, and the colonies embarked with as much zeal as if the quarrel had been their own. The Connecticut forces, under the command of General Woolcott, and Dr's. Reed of Simsbury, Durand of Derby, and Whæler of Stratford, were chosen by the general court to accompany the expedition, as medical attendants. Soon afterwards four regiments of the American colonies were sent to co-operate with the English, in a military excursion against the Spanish West Indies, and Dr. Tudor of East Windsor, was one of the physicians who attended that ill-fated expedition. For it should not be forgotten that the invasion of Cuba, an hundred years ago, was not more successful than in our own day. The Spanish forces offered but weak resistance, but the fatal climate of the Havanna was irresistible, and the English forces, with their colonial allies, were compelled to retreat from the pestilence which walked in darkness. Of course, in this expedition, there was great call for medical skill, and a good opportunity for its display. That Dr. Tudor was abundantly employed, and that his services were duly appreciated, no one will question who knew the character of the man. He returned with the expedition to England, where he acquired knowledge and dispensed it as an hospital surgeon, and at the end of ten years was permitted to retire with that most satisfactory of all testimonials—half-pay for life. He left England when he was 34 years old, and died at East Windsor in March, 1826, at the age of 93—having enjoyed the pension of the British government about 60 years. In the meantime, he pursued the practice of his profession at East Windsor, where he spent a long life of useful labor, respected by his brethren, honored and loved by his patients. Dr. Tudor was an earnest friend of this society when it was first established, and for many years an active member of the same.

In the year 1755, another expedition was fitted out by the colony to resist the aggressions of the French. The medical men who were appointed to attend that expedition, were :

Timothy Collins of Litchfield,
Jonathan Marsh of Norwich,
Sam'l Ely of Durham.

The army to which these were attached was sent against Crown Point. Each surgeon was to be furnished with a complete

set of instruments, and a box of medicines, at the charge of colony, and each was to receive £7 per month for his servi

Timothy Collins, a native of Guilford, and graduated at College, was the first settled pastor of Litchfield, where he formed the duties of the Christian ministry for thirty ye In 1752 he was released from his pastoral charge—appoin justice of peace, and devoted his energies to the practice physic. In certain departments of the profession, his wife already acquied distinction. In a few years Dr. Collins requished his station in the army on account of ill health, bu the French war continued, Dr. Elisha Lord was chosen surg and director of the hospital stores, and Philip Turner of N wich, surgeon's mate. The troops were under the command Gen. Lyman, and their destiny was Crown Point, and here may be well to observe that several physicians entered the military service of the colony in the interval of time which tended from the year 1745 to 1765, but generally for short periods, and without designing to relinquish the practice which they had been accustomed. Some of the younger members of our profession, remained longer in the service, and gained great distinction. Dr. Waldo of Pomfret, returned from his military campaign to sustain the position of the most eminent surgeon of his district.

Philip Turner became popular as assistant surgeon in the French war, and was surgeon general of the Northern States during the war of the Revolution. One of our former presidents, Dr. Watrous of Colchester, entered early in life upon the same service, and at the end of his military career, returned to the sphere of his professional duties, where he ranked with the most useful and most esteemed physicians of the State. It has generally been thought that these military campaigns, gave impulse to the progress of medical learning in the colony, and that the men who were thus brought together, each communicated and each gained some share of professional knowledge. They certainly were more social in their habits, and more gentlemanly in their deportment, but the good cause of temperance and morality must have suffered from their example.

In April, 1775, our ancestors were in the midst of the excitement of the approaching revolution. Five regiments we

organized by the colonial government for the purpose of resisting the aggressions of the mother country. The following physicians were appointed to serve in the several regiments :—

1st REG.—Jared Potter, surgeon.

“ Levi Ives, Isaac Chalker, surgeon’s mates.

2d REG.—Wm. Jepson, surgeon.

“ Daniel Southmayd, John R. Watrous, sur. mates.

3d REG.—John Spalding, surgeon.

“ Samuel Cheeney, Elijah Adams, sur. mates.

4th REG.—Sam’l Wheeler, surgeon.

“ Dan’l Sheldon, Abel Catlin, sur. mates.

5th REG.—John Wood, surgeon.

“ Asel Fitch, Sam’l Whiting, sur. mates.

The medical gentlemen thus suddenly called to the service of the colony, were many of them devoted to the arduous duties of private practice, and could not well be spared by their patients, or leave their homes. They were of necessity obliged to decline the proffered honors of the Legislature, and a necessity arose for making other appointments. Under these circumstances, the General Assembly adopted the suggestions of the physicians of Norwich, and elected a committee of medical examiners, which extended to every section of the State, and embraced several names of distinction.

The committee consisted of the following members of the medical profession :

Alexander Wolcott,	Platt Townsend,
John Dickinson,	Amos Mead,
John Watrous,	James Coggsell,
Eneas Monson,	John Clark,
Leverett Hubbard,	Elisha Lord,
Elisha Tracy,	Sam’l Lee,
Elias Carrington,	Ruben Smith,
Benjamin Gale,	Elisha Sill,
Eleazer Mather,	Seth Bird,

And it was resolved that these or any three of them, be appointed to examine such persons within this State as may offer themselves to serve as surgeons and surgeon’s mates in the continental army, and upon full evidence of proper and sufficient qualifications to give certificates accordingly.

The first M. D. granted by Yale College, was conferred on Daniel Turner in the year 1720, rather as a compliment for his liberality to the college, than as an indication of distinguished merit.

The question is said to have been asked, "what is the meaning of M. D.?" and the witty reply of the collegian, "Multam Donavit," was at that time perfectly satisfactory.

MEDICAL SOCIETIES.

I wish next to refer you to the early medical societies of Connecticut.

In the year 1762, the physicians of Norwich, many of whom were distinguished men, applied to the Colonial Legislature for the charter of a medical society. Their memorial contained suggestions of practical value, and was well calculated to advance the general interests of the colony and the welfare of the medical profession.

To the Honorable Gen. Assembly of the Colony of Connecticut :

The memorial of the subscribers, physicians in said colony, humbly sheweth, that whereas life is the most desirable of all sublunary enjoyments, and health so invaluable a blessing that without it some degree of life is little worth, and that the promoting medical knowledge among physicians is the necessary and direct means to restore health, and even preserve life, and is of great importance, as it will render the practice of physic more safe and serviceable to the patient, and at the same time yield more satisfaction to the profession. And whereas more than one hundred years have already passed away since the planting of this colony, and nothing has been done publicly to distinguish between the honest and ingenious physician and the quack or empyrical pretender; by reason of which imposture has been but too commonly practiced to the great injury of the people as well as to the disparagement of the profession.

We, your memorialists, therefore humbly pray your honors to take the matter under your wise consideration, and enact that the physicians in each county of this colony, for their mutual edification and instruction, have liberty to meet together at such time and place as they shall appoint, once in

three months, and at the first of such their meetings, choose a committee of three approved physicians, to continue for the space of one year, and annually to be chosen ; such committee, for the time being, to have full power to examine, and if found duly qualified, to approve such candidates for the practice, as shall offer themselves for examination—and if any person offering himself shall be adjudged not qualified, and so not approved by the committee, he may apply himself to any quarterly meeting in the same county, and be there examined, and be determined by such meeting, and approved if they think fit, by proper certificate. And that for the future no person or persons that are not already deemed physicians, who shall pretend to practice without such approbation and certificate, shall be allowed to bring or maintain an action to recover any debt, demand or other thing, for any service he shall pretend to have done or presumed, as a physician, or otherwise enact, and order some proper regulations for the practice of physic, as your wisdom should have thought most proper.”

Norwich, 27th Sept., 1763.

SIGNED.

Theophilus Rogers,
Joshua Downer,
Cyrel Carpenter,
Obidiah Kingsbury,
Ebenezer Robinson,

Joseph Perkins,
Philip Turner,
Elisha Tracy,
Moses Morris,
John Barker,

Elisha Lord.

“In the Lower House the question was put whether any thing should be granted on this memorial, and passed in the negative.”

Dr. Lord had been previously appointed surgeon of the forces raised in the colony to repel the encroachments of the French.

Philip Turner, an assistant surgeon of the same corps, had just returned from the military service, to Norwich. He was when he signed the above memorial 22 years old, and soon afterwards married the daughter of his preceptor, Dr. Elisha Tracy. His handsome person and pleasing address attracted the attention of the English surgeons ; he witnessed and performed many important operations, and was fast rising to the eminent position which he subsequently reached.

Dr. Tracy, whose name is found on the same memorial, an eminent classical scholar and a practical physician, was distinguished for his moral and social virtues.

Dr. Downer lived at Preston City, which was formerly of Norwich, and was much respected for his practical s His son, probably educated under the superintendence of a v thy parent, is one of the oldest members of the State soci He was examined by the committee of the New London m cal society, and received from them a license to practice, a sl time before the Connecticut medical society was incorpora

Another name attached to the same memorial deserves passing attention. Theophilus Rogers was the son of an E lish physician, who, leaving part of his family in England, cs to Norwich with his son, then a young lad, whom he educa and trained for the duties of his own profession. To know what estimation Dr. Rogers was held, it may not be necess to say he was first on this catalogue of petitioners. Our o society has been honored by the professional excellence of s eral members of the same family; among whom, last, but least, is Dr. Benjamin Rogers of Hartford.

Dr. Joseph Perkins was at that time a prominent physic in the colony. He was at the time of signing the memorial years old; had received a liberal education; possessed brilli talents; was ardent in the pursuit of professional knowled and distinguished for his charity and benevolence.

Drs. Barker and Kingsbury, whose names are on the sa paper, were respected physicians in the neighboring town Franklin, both esteemed as honorable members of the prof sion, and both leaving a cherished memory behind them.

It is singular that a memorial embracing such reasona suggestions, and such respectable signatures, was not sanction by the Legislature. The plan was admirably suited to i wants of the public and of the profession, and, though not i proved by the wisdom of the Lower House, it was immediat adopted by the physicians of New London county, and beca the basis of the first medical society in Connecticut.

Dr. Lord soon afterwards removed to Pomfret, where, concert with Dr. Albigece Waldo and other respectable ph sicians, a medical society was established in Windham count

But of that society—its organization—its members—the objects for which it was established—and the means by which these objects were to be obtained, I have discovered nothing beyond the bare fact of its existence.

About the year 1765, a medical society was established in Litchfield county. The diffusion of medical knowledge, and the improvement of medical skill by friendly communication of physicians with each other, were the objects aimed at, and a consideration of this importance induced a number of gentlemen of Litchfield county to form themselves into a medical society.

The following extract from cotemporary history, refers to the same subject :

“ Though Litchfield is the youngest county in Connecticut, yet in 1766 it set an example to the rest worthy of imitation. The province had always been greatly pestered by a generation of men called quacks, who, with a few Indian nostrums, a lancet, a glister pipe, rhubarb, treacle water mixed with Roman bombast of *vena cava* and *vena porta*, attacked fevers, nervous disorders, and broken bones, and by the grace of perseverance, subdued nature, and helped their patients to a passage to the world of spirits before they were ready. The surgeons and physicians who were not quacks, formed themselves into a society for the encouragement of literature, and a regular and wholesome practice. But their laudable endeavors were discountenanced by the General Assembly, who refused to comply with their solicitation for a charter ; because the quacks and the people said “ If the charter were granted, the learned men would become too rich by a monopoly, as they had in England.” The answer to this objection, was, “ Would it not be better to permit a monopoly to preserve the health and lives of the people, than to suffer quacks to kill them and ruin the province ?”

To the venerable Dr. Buel of Litchfield, I am indebted for a communication from which the following is an extract :—

“ One of the earliest medical events of my recollection, was attending a meeting of the medical society at North Canaan, in the year 1789. I attended as a spectator, having not long before located myself in Sheffield, Mass., as a practitioner of medicine. How this was constituted I cannot tell, I should think it might have been a county society, but from the cir-

cumstance, which I distinctly recollect, that Dr. Potter of Litchfield county, was its presiding officer, and manifested in a feeble manner the great interest he had taken in the prosperity of the institution." It should be remembered that the society was formed for the improvement of its members, by friendly communication—that Dr. Potter lived in New Fairfield, which county symmetry had been regarded, would have been attached to Litchfield county—that he was a member of the society, and manifested great interest in the social gatherings of his profession. He was, moreover, admirably qualified to preside at the reunions of the medical faculty, himself enjoying and diffusing pleasure to others. Other traces of the Litchfield society may be discovered in the personal history of its members. Thus Dr. Benjamin Welch of Norfolk, commenced the practice of medicine a few years before the State Medical Society was incorporated, "but," says his biographer, "he was examined and licensed by the commissioners of the Litchfield county medical society." Dr. Welch was for a long time the principal physician of Norfolk, where he was highly and justly esteemed, and about thirty years since, he was a member of our State Legislature, a patriarch in appearance, and truly a patriarch in character. His children were trained in their father's footsteps, and five of them live to do honor to our profession, and to the judicious nurture in which they were trained. One of them is a member of our State Senate; and probably occupies the same position, which, thirty years ago, was assigned to his father; another holds the same honorable position in the Legislature of Massachusetts—if they pursue the same path of wisdom they will be justly entitled to rank with their respected parents among the honorable members of our profession.

Among the distinguished members of the Litchfield County Medical Society, Dr. Daniel Sheldon occupied a prominent position. In early life he was attacked by a severe pulmonary affection, but he persevered in his professional labors until his health was entirely restored. His own illness probably led him to a more minute investigation of pulmonary complaints, and laid the foundation of that wide-spread fame which he acquired by his great success in the treatment of phthisis. I have been told that Dr. Sheldon imputed his own recovery mainly to horseback

exercise. He was in old age a perfect gentleman—cheerful in temper, active in habits, and a great favorite among his professional brethren.

Another member of the same society was Dr. Lemuel Hopkins. He was a pupil of Dr. Jared Potter, and subsequently of Dr. Bird of Litchfield, and although he became eminent as a physician, he was neither contaminated by the speculations of one master or debased by the vicious habits of the other. In 1784 he removed to Hartford, and was held in high estimation; a wit among the poets, and a poet among the wits of the day; social in his habits—plain in his dress—and generally beloved by all who were his patients or his associates. He died in the year 1804, aged 54—and many persons now living remember him well, and speak of him with great respect; but although he died in the midst of his usefulness, he is uniformly referred to as “old Dr. Hopkins.”

There was another member of the same society who richly deserves our passing notice. Dr. Samuel Woodward of Torrington, was extensively known and respected as a physician. He was a man of vigorous constitution, active habits, and respectable acquirements. Like the other physicians of Litchfield county, he was frequently engaged in public life, and is entitled to the gratitude of the profession for the manner in which his children were educated for usefulness. His eldest son was, thirty years ago, an active and useful member of the Connecticut Medical Society, whose spirited exertions in establishing the Retreat for the Insane, led to his transfer to the Worcester Asylum, where he established a claim to the high rank which had been assigned him by his early associates. His brother Henry lived and died at Middletown, greatly respected as a physician, and ardently beloved by a large circle of friends. He died in early life, and only one remains to remind us of the excellent family of Dr. Woodward of Torrington. I ought perhaps to say, that the three brothers to whom I have referred, were at different periods distinguished members of the Connecticut Legislature.

There is only one fact more, to which I will at this time refer, in connection with the Litchfield County Society. On the last day of February, 1780, its members assembled at Sharon, and

Dr. James Potter was the orator of the day, and the subject was "the rise and progress of physic in America." The style of his address was in accordance with the 4th of July orations of that early period, and indicates the taste and talents of the writer, and temper of his audience. "The great Parent of mankind—the beneficent Founder of the universe—the infinitely indulgent and all glorious Benefactor of the intellectual economy, out of the overflowing of his exuberant and divine goodness hath been pleased again to bring this society together." In the progress of his address the doctor alludes to the languor and prostration of spirits, and to his not being accustomed to public speaking—"the rules of my rhetoric having been deduced from the conversation of nurses, and the oratory of my life the groans of the sick," were his apology for what he termed his "unoratorical composition."

The medical society of New Haven was formed in the year 1784. The following account of its first organization is derived from its own records:—"We, the medical practitioners of the county of New Haven, convened in consequence of an invitation in the Connecticut Journal, from the faculty of the town of New Haven, on this 5th day of January, 1784; having made choice of Col. Leverett Hubbard, chairman, and Dr. Samuel Darling, secretary, do resolve ourselves into a society, to be called and known by the name of the Medical Society of New Haven County, pledging our honor to each other for the strict observance of all such regulations as may be adopted by the majority of said society, formed for the following purposes, viz :

"1st. To lay a proper foundation for that unanimity and friendship which are essential to the dignity and usefulness of the profession.

"2nd. To make accurate observations on the air, seasons, climates, and the various diseases incident to the inhabitants of the county; with the mode of treatment and event in all similar cases.

"3d. For the communication of any discoveries in physic, surgery, botany or chemistry.

"4th. For the purpose of correspondence with the several medical societies in this and the neighboring states, and in Europe.

"5th. For uniting with the several medical societies in this

and the adjacent states, and to make application to the Legislature, praying them to adopt such measures for the future regulation of our salutary art, as shall effectually support merit, and discountenance ignorance and presumption.

"Voted, That Messrs. Leverett Hubbard, Eneas Monson, Jared Potter, Ebenezer Beardsley, Samuel Mather and Samuel Darling, be a committee to form further regulations to be laid before the next meeting."

At a subsequent meeting, that committee reported. The following is an abstract of the report, which was adopted :

- "1. The time of meeting, once in three months.
- "2. That in all cases where counsel is requisite, we will be ready to assist each other in consultation without reserve.
- "3. That if any physician or surgeon, residing within this county, shall neglect or refuse, after six months, to become a member of this society, the members will utterly refuse to have any connection with him as a practitioner, unless he can give a satisfactory reason for his neglect to the society.
- "4. Every person who had been in practice less than a year, must submit to an examination before admission to the society.
- "5. The committee of correspondence to be a committee of examination. A certificate of examination, when presented, shall entitle to membership of the society.
- "6. Provided for the officers—president, vice president, secretary, etc."

In May, 1791, the members of this society applied to the General Assembly for an act of incorporation. "Your honors' petitioners do not presume to ask for any powers, privileges, exemptions or immunities, but they humbly pray that your honors will take their case into your wise consideration, and decree that your petitioners shall be formed into a body corporate and politic, by the name of the Medical Society of New Haven, for the purpose of collecting and preserving a collection of useful papers relative to the practice of medicine."

This humble prayer was presented to the General Assembly in May, 1791, and granted in the lower house, with liberty to bring in a bill—but the council of that day were opposed to all hasty legislation, and referred the subject to the General Assembly which was to be holden at New Haven in October.

The signatures to this petition are worthy of our passing notice. I have transcribed them in the order which appears in the records of the Secretary of State.

Æneas Monson,	Levi Ives,	Jared Potter,
James Potter,	Theodore Wadsworth,	John Spalding,
Sam'l Mather,	Amzi Hull,	Horace Beardsley,
Æneas Monson, jr., Elnathan Beach,		

The more prominent members of the New Haven Medical Society, were Dr. Hubbard, Dr. Monson, Drs. James and Jared Potter, and Drs. Ebenezer Beardsley. For a sketch of the character of the two first, I am indebted to the kindness of Dr. Ives. "Dr. Leverett Hubbard, commonly called Col. Hubbard, was prompt, bold and efficient in his practice, prepossessing in address, and cheerful in his disposition. He was the son of Judge Hubbard, who was also an able physician, much respected and beloved by the colonists of Connecticut, and a man of strict integrity and great decision of character. Col. Hubbard was of medium size, formed for activity, and capable of great endurance of labor. His connections and friends gave him great influence in society, and for many years the almost absolute control of the practice in this county, and to a considerable extent in the adjacent ones. Such power would tempt him at times to be overbearing, of which he was accused—yet probably he was less so than most physicians. As an apology for those physicians who manifested this spirit, it may be said that it was the fashion of the times. It was not unusual at this period, for such men as Elliot, Gale, Bird, and Hurlburt, when called to prescribe for the patient of another physician, on their first introduction, to sweep from the table into the fireplace all the medicines of his brother practitioner, and then, like Paracelsus, magnify his own powers as supernatural. Dr. Hubbard died at the age of 72, in the year 1794, in the city of Hartford, whither he had gone on account of ill health."

"Dr. Æneas Monson was born the 24th of June, 1734. His father, Benjamin Monson, who was a respectable mechanic, was a man of wit and frequently taught school. Dr. Monson graduated at Yale College at the age of 19, in the year 1753—he was a serious, sober and pious man, notwithstanding his peculiar talent for wit—he rarely laughed, and from his appear-

ance and the expression of his face, a stranger would think him austere—his first profession was that of divinity, which the failure of his health obliged him to leave, as close application to study, and the want of exercise, produced dyspepsia and hypochondria. Dr. Monson was the second president of the State Medical Society, and was repeatedly chosen to fill that honorable station. In the year 1813, he was appointed by the corporation of Yale College, Professor of *Materia Medica*, in the medical department of that institution, but though he accepted the appointment, on account of his advanced age, being over 70 years old, he never entered upon the duties of his office. If natural abilities, varied information, great industry, a ready pen, caustic and yet kindly humor, professional knowledge acquired under great difficulties, and dispensed with unbounded generosity, a probity that never wavered, and a benevolence that knew no limits, constitute the features of a character to be admired as well as loved—admiration and love are justly due to the memory of Dr. Monson.”

“Through his long career of almost a century, when he had lived until no one remaining in his native city, had survived so long, he found religion the staff of his age, as it had been the guide of his youth. His habitual trust in God through Christ, brightened as he advanced into the full glow of assured hope; and although his last days were distressed by bodily suffering, his sun set with unclouded splendor, the cheering harbinger of a glorious morning. He died June 16th, 1826.”

Dr. James Potter was a prominent member of the New Haven Medical Society. When the Litchfield County Society met at North Canaan, he was there and took an active part in its proceedings; and when the physicians of New Haven county were assembled for professional improvement, he was there also; he took an active part in the measures which resulted in the establishment of the Connecticut Medical Society, and was chosen its president after the resignation of Dr. Monson. Dr. Potter was a social member of the profession—frequently a member of the State Legislature—he was also an eminent practitioner on the western borders of the State.

Jared Potter resided at Wallingford, was one of the most distinguished physicians in the State, and the teacher from

whom many eminent members of our profession received instruction. He was a speculating theologian, and his speculations were of an infidel character; and it is said that his pupils, whatever progress they made in medical studies, generally left Dr. Potter's office with minds tinged with skeptical notions. In 1775 he was chosen surgeon of the first regiment of Connecticut forces, from whence it may be inferred that he was distinguished as a surgeon as well as physician. His memory at this time is more associated with one of his own favorite remedies. Potter's powder has been for fifty years a popular remedy with the physicians of Connecticut, but as employed in former days, it contained charcoal as well as the three other ingredients—camphor, ammonia, and chalk. By this combination he acquired the same reputation which adheres, all the world over, to the combination of Dr. Dover.

Of Dr. Ebenezer Beardsley, I have learned that he removed from Waterbury to New Haven, where he established an apothecary's shop, and that he soon afterwards became one of the most popular physicians of the city.

Dr. Monson was pleased to relate that having conducted a case of pulmonary disease to a favorable result, the nurse came to him with her congratulations—"You and I, with the help of Divine Providence, have done as well as Dr. Beardsley."

Dr. Todd, our former associate, once the president of this society, and for many years the eminent superintendent of the Retreat for the Insane, was a pupil of Dr. Beardsley.

STATE MEDICAL SOCIETY.

At length, the General Assembly became satisfied of the importance of establishing a State Medical Society, on the ground that it would subserve the interest of the healing art and be productive of general utility.

They at last discovered that well regulated medical societies have been found to contribute to the diffusion of true science, and particularly the knowledge of the healing art: Therefore

Be it enacted by the Governor and Council, and House of Representatives, in General Court assembled, That there be a

Medical Society formed within this State to consist of the following persons, viz :

James Potter, New Fairfield,	Daniel Sheldon, Litchfield,
Leverett Hubbard, New Haven,	Phineas Miller, Norwalk,
Charles Phelps, Stonington,	James Scovill,
Joshua Porter, Salisbury,	Sam'l Woodward, Torrington,
Amos Mead, Fairfield Co.,	Ichabod Warner, Bolton,
Cha's Mather, E. Windsor,	Jeremiah West, Tolland,
Josiah Hart, Berlin,	David Sutton, Hebron,
Elihu Tudor, E. Windsor,	Elisha Lord, Pomfret,
Timothy Rogers,	John Osborne, Middletown,
Joseph Baker, Brooklyn,	Asa Hamilton, Somers,
John R. Watrous, Colchester,	Theophilus Rogers, Norwich,
Seth Bird, Litchfield,	Lemuel Hopkins, Hartford,
Miner Grant, Stafford,	Philemon Tracy, Norwich,
Simon Woolcott, New London,	Mason F. Coggs well, Hartford,
Eliakim Fish, Hartford,	Thaddeus Betts, Norwalk,
Sam'l Flagg, E. Hartford,	Thomas Coit, New London,
Æneas Monson, New Haven,	Joshua Downer, Preston,
Jared Potter, Wallingford,	Elnathan Beach, N. Haven Co.,
John Lester, Fairfield Co.,	John Turner, Norwich,
David Rogers, Fairfield Co.,	John Spalding, New Haven,
Philip Turner, Norwich,	Levi Ives, New Haven,
Elisha Perkins, Plainfield,	James Clarke, Fairfield Co.,
Isaac Knight, Plainfield,	Albigence Waldo, Pomfret,
John Clark, Lebanon,	

who shall have liberty to meet together in their respective counties on the fourth Tuesday of September, and when so met shall have authority to determine the qualifications and admission of their own members, and to make choice of a chairman and clerk to conduct the affairs of such meetings—and the meeting thus organized is directed to choose by ballot from amongst themselves five members from each county, except Middlesex and Tolland, and three for each of these counties, to compose a convention of said society, the members of which are hereby authorized by ballot to choose a president, vice president, treasurer and secretary, and such other officers as they may think proper, and the convention thus formed, shall be known by the name of the President and Fellows of the Connecticut

Medical Society, and shall hold their offices for the term of one year, and shall have full power to make by-laws to promote the ends of said society—may expel members for any misdemeanors—may appoint examining committees in the several counties, who shall examine such candidates as may offer themselves for examination; and license such as shall be found qualified to practice physic and surgery; and receive them on their desire as members of said society in their respective counties—to confer honorary degrees on such of the faculty as they may from time to time find of distinguished merit; and to purchase and hold for the benefit of said society, property not exceeding 16,667 dollars—may have a common seal, and may sue and be sued as other bodies corporate may, by law. And it shall be the duty of the several members of the society, according to their ability, to communicate useful information to each other, in their respective county meetings, and such meetings shall, from time to time, transmit to the convention, such curious cases and observations as may come to their knowledge, and it shall be the duty of the convention, to cause to be published such extraordinary cases, and such observations on the state of the air, and on epidemical and other disorders as they may think proper.

If found inadequate or inconvenient, the Legislature provided that the charter of the medical society might be amended or repealed. And in a short time this society applied for an amendment. Each county taxed its own members, appointed its own treasurer, and directed the expenditures of its own funds. There was nothing for the State Treasurer to do, and no means of acquiring the \$16,667 which, by the act of incorporation, he was authorized to possess on behalf of the general society. Its position was embarrassing, till by the General Assembly it was further enacted, that the conventions at their annual meetings might levy a tax on all the members of the society, which tax the clerks of the several counties were authorized to collect. A few years later, it became necessary to obtain another alteration—authorizing the treasurer to collect from the several clerks whatever sum they received from the members of their several counties. The next act, in addition, provides that no person entering upon the practice of physic or

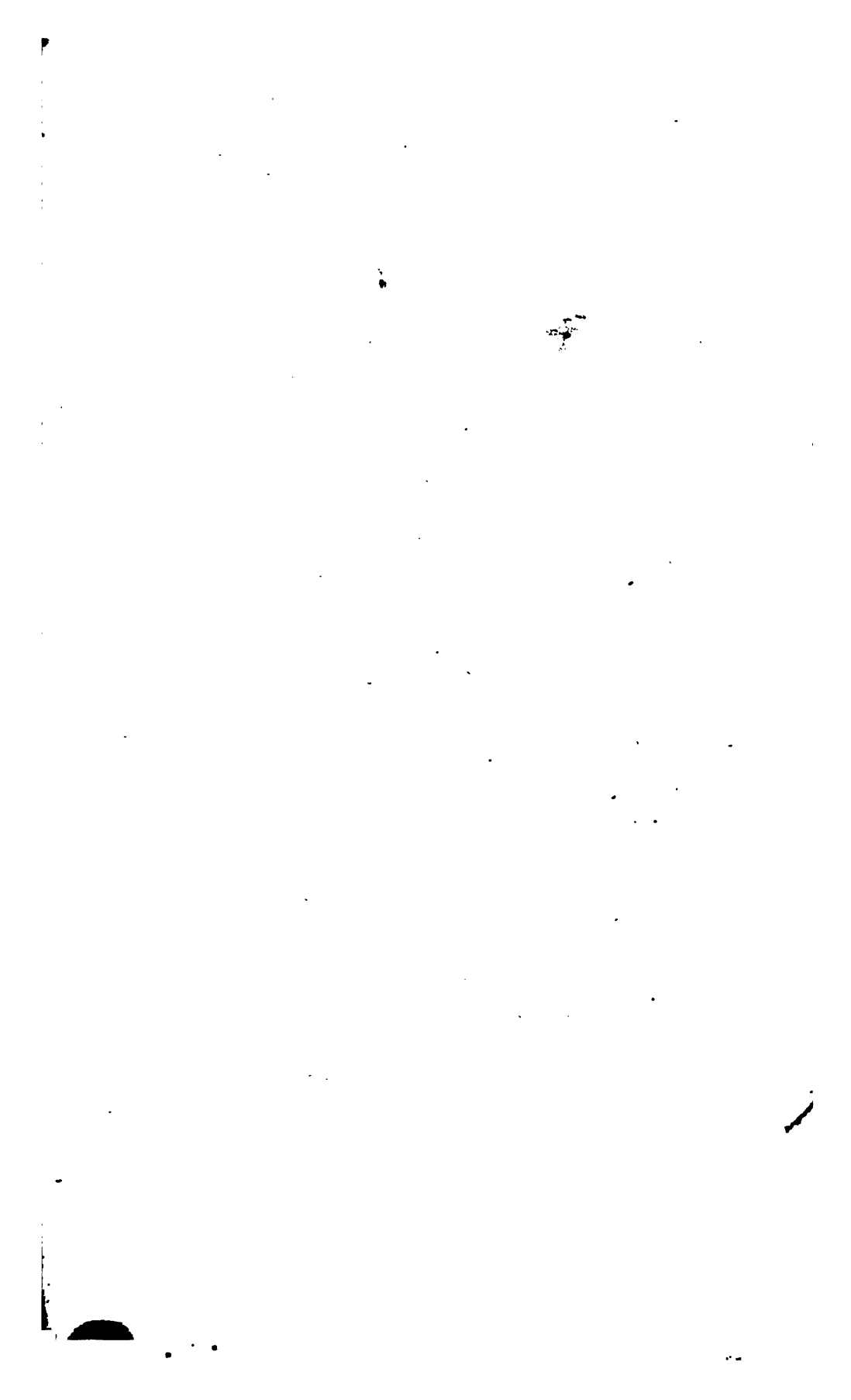
surgery in this State, unless he has been duly licensed by some medical society or college of physicians, shall take benefit of laws for recovery of his fees. This provision of the charter caused some dissatisfaction, and its repeal was urgently demanded, and finally granted a few years since.

Such was the original charter of this society. I have transcribed the names of its founders as a mark of respect to their memory. Their professional labors are ended—not one remains to tell us how they strove to improve the character, and raise the standard of our profession—to diffuse medical knowledge, and to resist the unblushing assaults of ignorance and pretension. They are not here, but we have the comforting assurance that they did not labor in vain; and that the medical skill of our State has been greatly extended—that the mental culture of our physicians is vastly more thorough, and that their moral character is essentially improved since the establishment of this society. On this occasion it may be well to inquire if we have been faithful to our trust. Our charter requires that we shall communicate useful information to each other, and provides for the publication of such extraordinary cases, and such observations on the state of the air, and on epidemical disorders as the convention shall think proper.

ERRATA.

Page 4th, line 21st, for Welch read Hatch.

Page 7th, line 21st, for Russell read Bissell.



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PROCEEDINGS

OF THE

SIXTIETH ANNUAL CONVENTION

OF THE

Connecticut State Medical Society

M A Y, 1852.

WITH A LIST OF MEMBERS.

HARTFORD:

PRESS OF CASE, TIFFANY AND COMPANY.

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OFFICERS OF THE SOCIETY.

RUFUS BLAKEMAN, M. D., PRESIDENT.
RICHARD WARNER, M. D., VICE PRESIDENT.
GEORGE O. SUMNER, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

STANDING COMMITTEES.

Committee of Examination.

RUFUS BLAKEMAN, M. D., *ex officio*.
BENJAMIN WELCH, M. D.
ASHBEL WOODWARD, M. D.
P. W. ELLSWORTH, M. D.
H. N. BENNETT, M. D.
J. G. BECKWITH, M. D.

Committee to nominate Physician to the Retreat for the Insane.

RUFUS BLAKEMAN, M. D.
WILLIAM H. COGSWELL, M. D.
ALVAN TALCOTT, M. D.
ARCHIBALD WELCH, M. D.
S. T. SALISBURY, M. D.

Committee to nominate Professors in Medical Institution of Yale College.

JOSIAH G. BECKWITH, M. D.
E. H. BISHOP, M. D.
JUSTIN HAMMOND, M. D.
R. M. FOWLER, M. D.
ROBERT HUBBARD, M. D.

The Annual Convention of the President and Fellows of the Connecticut Medical Society, was held at the Medical College in New Haven, May 12, 1852.

THE Convention was called to order by the President, when the certificates of the election of Fellows were presented by the Secretary, and referred to a Committee consisting of Drs. A. Welch, Talcott, Durfey, Preston, Whitcomb, Blackman, Salisbury and Jarvis, who reported the following list of

FELLOWS.

HARTFORD COUNTY.

Archibald Welch, M. D.
C. M. Brownell, M. D.
M. W. Wilson, M. D.
G. A. Moody, M. D.
J. C. Jackson, M. D.

NEW HAVEN COUNTY.

Eli Ives, M. D.
Alvan Talcott, M. D.
Isaac Goodsell, M. D.
Edward A. Park, M. D.
S. G. Hubbard, M. D.

NEW LONDON COUNTY.

W. Hooker, M. D.
Jno. D. Ford, M. D.
*Albert Hobron, M. D.
Joseph Durfey, M. D.
Seth Smith, M. D.

WINDHAM COUNTY.

John Hill, Jr., M. D.
Samuel Hutchins, M. D.
*Horace Burgess, M. D.
J. B. Whitcomb, M. D.
Joseph Palmer, M. D.

FAIRFIELD COUNTY.

Geo. Blackman, M. D.
H. N. Bennett, M. D.
Robert Hubbard, M. D.
Justus Sherwood, M. D.
Samuel Beach, M. D.

LITCHFIELD COUNTY.

Samuel T. Salisbury, M. D.
D. E. Bostwick, M. D.
Samuel Catlin, Jr., M. D.
O. Brown, M. D.
Jno. H. Welch, M. D.

TOLLAND COUNTY.

Gilbert H. Preston, M. D.
Adonijah White, M. D.
*E. A. Woodward, M. D.

MIDDLESEX COUNTY.

George O. Jarvis, M. D.
S. W. Turner, M. D.
*Asa H. King, M. D.

* Absent.

On motion of Dr. Jarvis,
 Dr. Symes, of Alabama, was invited to a seat in the Convention.
 On motion of Dr. W. Hooker,
 Dr. J. S. Moore, of St. Louis, was invited to a seat in the Convention.

The following gentlemen were then elected officers of the Society for the ensuing year, viz.

RUFUS BLAKEMAN, M. D., PRESIDENT.

RICHARD WARNER, M. D., VICE PRESIDENT.

GEORGE O. SUMNER, M. D., TREASURER.

JOSIAH G. BECKWITH, M. D., SECRETARY.

The election of members of the Standing Committees to fill vacancies, was for the present suspended.

Drs. Goodsell, Brownell, Smith, Preston, Hill, Sherwood, Brown, and Turner, were appointed a Committee on unfinished business.

Voted, That a Committee be appointed to take into consideration the registration of Births, Deaths and Marriages—and make a report to the Convention after adjournment this morning.

Drs. Wilson, Jno. H. Welch, Beach, Hubbard and W. W. Welch, were appointed said Committee.

Dr. Goodsell, from the Committee on Unfinished Business, reported that there was no other business unfinished than the reports of the Committees on Surgery, Practice of Medicine, Materia Medica, and Medical Ethics.

Report accepted.

The Treasurer's report was then presented, read and referred to a Committee consisting of Drs. Blackman, Park, Ford, White, Palmer, J. H. Welch and Jarvis, to audit and report thereon.

Drs. H. N. Bennett, Brownell, Talcott, Smith, Preston, Whitcomb, Catlin and Turner were appointed a Committee on Debentures.

The Convention then, on motion, proceeded to fill the vacancies in the Standing Committees, when on balloting it was found that

H. N. Bennett, M. D., and J. G. Beckwith, M. D., were elected to fill the vacancies in the Committee of Examination.

Archibald Welch, M. D., and Samuel T. Salisbury, M. D., to fill the vacancies in the Committee to nominate Physician to the Retreat, and Alvan Talcott, M. D., to fill a vacancy in said Committee occasioned by the resignation of J. G. Beckwith, M. D.

R. M. Fowler, M. D., and Robert Hubbard, M. D., to fill the vacancies in the Committee to nominate Professors in the Medical Institution of Yale College.

On motion, a Committee consisting of Drs. A. Welch, Talcott and Jarvis, was appointed to nominate Delegates to the American Medical Association, to be holden on the first Tuesday in May, 1853.

Dr. Jno. H. Welch then exhibited a surgical apparatus or splint for the examination of the members of the Convention.

Drs. Talcott, Salisbury and M. W. Wilson were appointed a Committee to examine said splint, and report to the Convention.

A communication was received by the Convention from Fairfield County Medical Society in reference to several members of said Society, whom the Society had dismissed for quackery, having been notoriously in the practice of Homeopathy.

On motion of Dr. Wilson,

The subject was referred to a Committee of three to inquire into the facts, and ascertain whether they are deemed worthy of expulsion, and if so, to report a preamble and resolution, designating the offense.

Adjourned to four and a half o'clock, P. M.

Four and a half o'clock, P. M.

Society met pursuant to adjournment.

When the subject of the Fairfield County proceedings was resumed, and Dr. G. O. Sumner moved to amend by referring to said Committee without instruction.

Amendment carried. And Drs. W. Hooker, Wilson and Goodsell were appointed a Committee to report to-morrow morning.

Drs. S. G. Hubbard, Moody, Durfey, Preston, Whitcomb, R. Hubbard, Catlin and Jarvis were appointed a Committee on Gratuitous Students.

Drs. Ives, A. Welch, Hooker, White, Palmer, Beach and Turner, were appointed a Committee on Honorary Degrees and Honorary Members.

Drs. Talcott, J. H. Welch and Sherwood were appointed a Committee to nominate Dissertator for the next Convention.

Dr. P. A. Jewett, by indisposition, having been prevented from preparing the dissertation for the present Convention, was excused for his delinquency, but pledged a Dissertation for the next Convention—pledge accepted.

P. A. Jewett, from the Standing Committee on Examination, pre-

sented a report of the proceedings, which was read and ordered to be published with the proceedings. (See Appendix A.)

Dr. W. Hooker then offered a form of certificate of study, to be given by Medical instructors, as evidence of study, accompanied by a resolution which was adopted by the Convention.

Resolved, That the following certificate of studies be required of all Candidates for examination—for a degree.

I hereby certify that _____ has pursued
the Study of Medicine with me for _____ to
and that he recited regularly on (here insert the branches
pursued) during the above mentioned time.

Physician.

Dr. Wilson from the Committee on Registration, made a report of a bill similar to the one proposed to the Legislature last year, accompanied with the following resolution, viz.

Resolved, That a Committee of three be appointed to confer with the Legislature, and petition them for a law on registration, similar to the one which failed of becoming a law, by the non-concurrence of action between the Senate and House of Representatives in 1851.

The Committee on Gratuitous Students reported that the following gentlemen were elected in the following counties, viz.

Hartford county,	Chas. E. Sanford.
New Haven county,	Robert B. Hine.
Litchfield county,	Paul Skiff.
New London county,	Charles E. Dyer.
Tolland county,	Edwin G. Sumner.
Middlesex county,	M. E. Winchell.

The Committee recommended Erastus B. Bills and William H. Larned to fill vacancies from Fairfield and Windham Counties.

The Committee also reported the following resolution.

Resolved, That we consider the present system of affording gratuitous instruction to students, by lectures or otherwise, as impolitic and injurious to the prosperity of the Medical Institution of Yale College, and the best interests of the Profession generally, and also to the students themselves, and we recommend the Convention to petition the Legislature for a repeal of so much of the charter as requires it.

On motion laid on the table.

Dr. Blackman from the Committee to whom was referred the Treasurer's report, made a report as follows.

The Committee appointed to audit the Treasurer's account, report that they have examined the same, and find it to be correct.

They also submit the following resolutions.

Resolved, That those claims standing against clerks for taxes due from their respective counties, which are classed in the report of the Treasurer as not collectible, be abated.

Resolved, That in the opinion of the Convention, the prompt collection of taxes in future by the clerks is the only sure means of preventing a recurrence of similar delinquencies.

Resolved, That the clerks be required to comply with the By-Law, which makes it their duty to report delinquents to the Convention, and the amount due from each respectively, stating in such report also what notice he has given such delinquent of his indebtedness to the Society, and that the same be read in open Convention.

Report accepted and Committee discharged.

Abstract of Treasurer's Report.—Financial Summary.

Cash in Treasury,		\$181.95½
Total due from Clerks,	\$1471.06½	
Deduct say one-half for bad debts, abatements,		
commissions, &c., leaves,	735.53	
		<hr/>
		\$917.48½
The Society owes for outstanding debentures,	353.62½	
		<hr/>
Leaves balance in favor of Society of		\$563.86
The debentures issued May, 1851, amounted to	\$203.87½	
Amount of Debentures redeemed during the year is by Clerks,	\$129.62½	
By Treasurer,	35.62½	
	<hr/>	
		\$165.25
		<hr/>
Excess of amount issued,		\$38.62½

Dr. Talcott from the Committee on Dr. Welch's splint reported,

That the apparatus was well entitled to the confidence of the Profession, and a very ingenious and useful fracture instrument.

Report accepted unanimously, and Committee discharged.

Adjourned to eight o'clock, A. M.

Thursday, eight o'clock, A. M.

Dr. W. Hooker, Chairman of the Committee on the Fairfield County resolution, read a report which was accepted, and ordered to be printed, and the recommendations contained in it were unanimously adopted.

On motion of Dr. Beach,

One thousand copies were ordered to be printed for the use of the members of the Convention, and for distribution. (See Appendix, B.)

Dr. Talcott, from the Committee to nominate a Dissertator for the next Convention, reported the name of Samuel Beach, M. D., of Bridgeport: report accepted and Dr. Beach was elected.

Dr. E. H. Bishop, from the Standing Committee to nominate Professors to the Medical Institution of Yale College, made a report, that said Committee had been called together to nominate a Professor in said College to fill the vacancy occasioned by the resignation of Dr. Henry Bronson; that the Committee had nominated Worthington Hooker, M. D., of Norwich, and that Dr. Hooker had accepted the appointment—report accepted and ordered to be printed with proceedings. (See Appendix C.)

Dr. Bennett, from the Committee on Debentures, made a report which was accepted and the debentures were ordered to be paid.

Dr. Ives, from the Committee on Honorary Degrees and Honorary Members, made a report recommending the name of Dr. William B. Nash, of Bridgeport, for the degree of Doctor of Medicine, and J. Marian Syms, M. D., of Alabama, and John Watson, M. D., of New York, for Honorary Membership—report accepted, and they were found on balloting to be unanimously elected.

And Dr. Nash was recommended to the President and Fellows of Yale College for the Honorary Degree of M. D., and Drs. Syms and Watson were added to the list of Honorary Members. The Secretary was instructed to notify them of their election.

On motion of Dr. Hooker,

Resolved, That a Committee of three be appointed to collect facts in relation to the epidemics of the present year in this State, and report to the next annual Convention, in order that this Society may coöperate with the American Medical Association in its systematic efforts to obtain information in relation to the epidemics of the whole country.

The Committee appointed to report to this Convention what improvements had been made in *Materia Medica* for the last fifty years, on being called upon to report, were excused on account of the indisposition of the Chairman and other causes, and were on motion continued and requested to make a report to the Convention in 1853. The Committee consists of Drs. Eli Ives, M. D., Charles Woodward, M. D., and D. A. Tyler, M. D.

The Committee on Surgery consisting of P. A. Jewett, M. D., P. W. Ellsworth, M. D., and W. H. Cogswell, M. D., were also excused for the present year from making their report.

And appointed to report to the next Convention.

Dr. Jewett having resigned his appointment on said Committee, Jonathan Knight, M. D., was added to the Committee as Chairman, on motion of Dr. Jewett.

Voted, That a tax of one dollar and fifty cents be laid on each member of the Society, payable on and after first of June next.

The Committee on Practice of Medicine appointed to report to this Convention under the same resolution, consisting of George Sumner, M. D., Worthington Hooker, M. D., and Nathan B. Ives, M. D., were also for reasons excused from the performance of the duties assigned them, and re-appointed to discharge the duties of their appointment to the next Annual Convention.

Dr. Archibald Welch and Dr. J. G. Beckwith, severally made reports on Medical Ethics, which were read and ordered to be published with the proceedings of the Convention. (See Appendix D and E.)

Dr. A. Welch from the Committee appointed to report the names of Delegates to the American Medical Association for the meeting in New York in 1853, reported the names of Samuel B. Beresford, M. D., Samuel Beach, M. D., Benjamin Welch, M. D., and George O. Jarvis, M. D.—report accepted and they were appointed.

Charles Hooker, M. D., Archibald Welch, M. D., and Josiah G.

Beckwith, M. D., were appointed a Committee to collect statistics in relation to the Epidemics of the present year.

On motion of Dr. A. Welch it was resolved that the "report of the Committee on Medical Education, by Worthington Hooker, M. D.," contained in the "Transactions of the American Medical Association," be published with the proceedings of this Convention.

Dr. Cogswell offered a resolution of instruction to the several county societies, to examine the subject for the purpose of ascertaining whether members of the Society are interested in the manufacture, vending, using or recommending any nostrums or Quack Medicines; recommending that the By-Laws in relation to such offenses, be enforced, and that they report their action to the next Convention—resolution adopted.

Dr. Hooker offered a resolution for appointing a Committee to bring the subject of forged certificates, or the use of the names of individuals without their consent, in recommending nostrums and quack medicines, before the Legislature.

Drs. Knight and Goodsell were appointed said Committee.

Drs. Wilson, Jewett and S. G. Hubbard were appointed a Committee to procure the enactment by the present legislature of a Registration law, similar to the one proposed to the last legislature.

The Convention then adjourned *sine die*.

Attest,

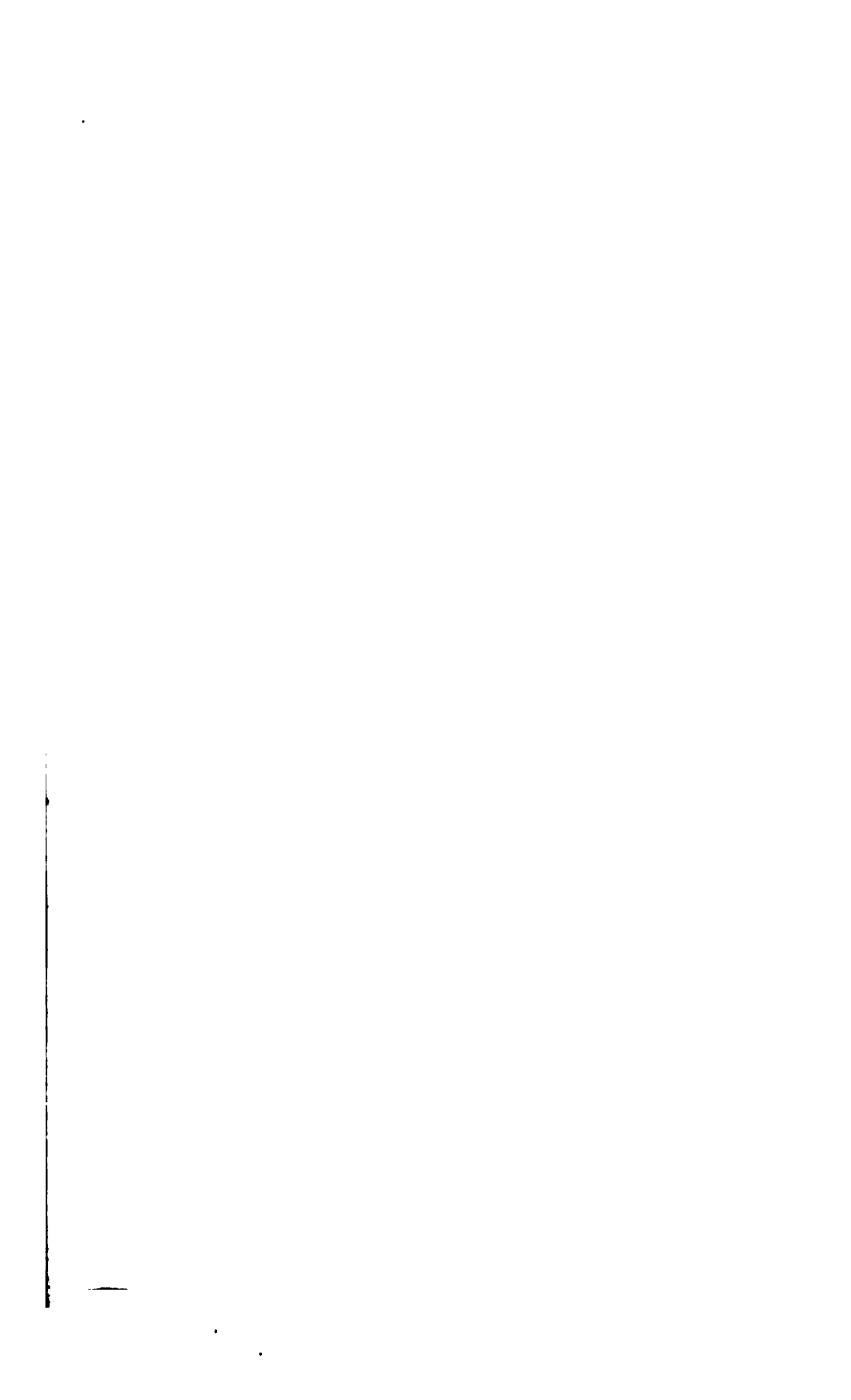
JOSIAH G. BECKWITH, *Secretary*.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

*FELIX PASCALIS,	New York.
JAMES JACKSON,	Boston, Mass.
JOHN C. WARREN,	Boston, Mass.
*SAMUEL L. MITCHELL,	New York.
*DAVID HOSACK,	New York.
*WRIGHT POST,	New York.
BENJAMIN SILLIMAN,	New Haven.
*GEORGE M'LELLAN,	Philadelphia, Pa.
*JOHN MACKIE,	Providence, R. I.
*CHARLES ELDREDGE,	East Greenwich, R. I.
THEODORE ROMEYN BECK,	Albany, N. Y.
*JAMES THATCHER,	Plymouth, Mass.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
*WILLIAM P. DEWEES,	Philadelphia, Pa.
*JOSEPH WHITE,	Cherry Valley, N. Y.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
*PHILIP SING PHYSIC,	Philadelphia, Pa.
*LEWIS HEERMAN,	U. S. Navy.
DANIEL DRAKE,	Cincinnati, Ohio.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
*SAMUEL WHITE,	Hudson, N. Y.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	New Haven.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
*SAMUEL B. WOODWARD,	Northampton, Mass.
*JOHN STEARNS,	New York.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
*HENRY GREEN,	Albany, N. Y.
*GEORGE FROST,	Springfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
*AMOS TWITCHELL,	Keene, N. H.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
JAMES M. SMITH,	Springfield, Mass.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	Montgomery, Ala.
JOHN WATSON,	New York City.

* Deceased.



ORDINARY MEMBERS.

*The names of those Members who are exempt from taxation by age,
are in italics: the names of those who have been Presidents of the
Society, are in capitals.*

HARTFORD COUNTY.

N. H. BYINGTON, M. D., Chairman.

J. C. JACKSON, M. D., Clerk.

HARTFORD , GEORGE SUMNER,	FARMINGTON , Asahel Thompson,
Henry Holmes, Samuel B. Beresford,	Chauncey Brown.
George B. Hawley, Gurdon W. Rus-	<i>Plainville</i> , G. A. Moody.
sell, David Crary, P. W. Ellsworth,	<i>Unionville</i> , William H. Sage.
<i>Benjamin Rogers</i> , E. K. Hunt, John	GLASTENBURY. , <i>Ralph Carter</i> , Clinton
S. Butler, H. A. Grant, J. C. Jack-	Bunce.
son, A. W. Barrows, Thomas Miner,	<i>South Glastenbury</i> , C. E. Hammond,
M. W. Wilson, ARCHIBALD	Luman J. Andrus, Henry Gilbert.
WELCH , William Porter, Horatio	<i>Eastbury</i> , Sabin Stocking.
Gridley, Chs. P. Kob, John H. Wells.	GRANBY , Jairus Case, <i>Jos. F. Jewett</i> .
<i>West Hartford</i> , Edward Brace.	<i>East Granby</i> , Chester Hamlin.
AVON , Alfred Kellogg.	<i>West Granby</i> , Justus D. Wilcox.
BERLIN , E. Brandagee, Jr.	MANCHESTER , W. C. Williams, W. Scott.
NEW BRITAIN , <i>Samuel Hart</i> , Roswell	ROCKY HILL , <i>Sylvester Bulkley</i> .
Hawley, E. D. Babcock.	SIMSBURY , Roderick A. White.
BLOOMFIELD .	<i>Tariffville</i> , Geo. W. Sanford, Charles
BRISTOL , Joseph W. Camp, John S.	W. Ensign.
Moody.	SOUTHRINGTON , Julius S. Barnes, N. H.
BURLINGTON , William Elton, 2d.	Byington, Frederick A. Hait.
CANTON , Benadam Kasson,	SOUTH WINDSOR , Horace C. Gillette,
<i>Collinsville</i> , Russell H. Tiffany.	Sidney Rockwell, William Wood.
EAST HARTFORD , <i>Eli Hall</i> , Seth L.	SUFFIELD , Samuel B. Low, Aretus Ri-
Child, Clarence M. Brownell.	sing.
EAST WINDSOR , Hiram Watson.	WETHERSFIELD , E. F. Cooke, A. S.
<i>Broad Brook</i> , Marcus L. Fisk.	Warner, A. S. Fox.
<i>Warehouse Point</i> , Joseph Olmsted.	WINDSOR , <i>William S. Pierson</i> , Theo-
ENFIELD , J. P. Converse, A. L. Spald-	dore Sill, Albert Morrison.
ing.	<i>Windsor Locks</i> , Samuel W. Skinner.
<i>Thompsonville</i> , J. Bailey Beach.	<i>Pogonock</i> , Oliver B. Griggs.

NEW HAVEN COUNTY.

ISAAC GOODSSELL, M. D., Chairman.

S. G. HUBBARD, M. D., Clerk.

NEW HAVEN , <i>Eli Ives</i> , <i>T. P. Beers</i> , <i>Jonathan Knight</i> , <i>Samuel Punderson</i> , A. S. Munson, Charles Hooker, H. B. Porter, Nathan B. Ives, E. H. Bishop, E. D. North, A. C. Blakeslee, L. A. Thomas, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bron- son, E. A. Park, N. W. Taylor, Jr., A. Moody, W. J. Whiting, S. G. Hubbard, H. W. E. Matthews, An- son Moody, W. J. Whiting, C. A. Lindsley.	Humphreysville , <i>Abiram Stoddard</i> , Sheldon C. Johnson, Joshua Ken- dall, Thomas Stoddard.
Westville , Samuel Loyd.	EAST HAVEN , <i>Bela Farnham</i> .
Fair Haven , C. S. Thompson, J. H. Beecher, W. M. White, <i>Lyman Par- ker</i> .	GUILFORD , Joel Canfield, Alvan Tal- cott.
BETHANY , Asa C. Woodward.	MADISON , <i>Reynold Webb</i> .
BRANFORD , Willoughby L. Lay.	MERIDEN , Gardiner Barlow.
CHESHIRE , A. J. Driggs, Nehemiah Banks.	West Meriden , B. H. Catlin, Edward W. Hatch.
DERBY , H. A. Carrington.	Yalesville , C. B. McCarty.
Ansonia , Samuel P. Church.	MIDDLEBURY .
Birmingham , Ambrose Beardsley, T. Dutton.	MILFORD , Hull Allen, L. N. Beardsley.
	NAUGATUCK , J. D. Mears, Timothy Langdon.
	NORTH BRANFORD , Sheldon Beardsley.
	SOUTHBURY , A. B. Burritt.
	South Britain , N. C. Baldwin.
	WALLINGFORD , B. T. H. Harrison, S. W. Clark.
	WATERBURY , M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley.
	WOODBRIIDGE , <i>Isaac Goodsell</i> , Andrew Castle.

NEW LONDON COUNTY.

WORTHINGTON HOOKER, M. D., Chairman.

SETH SMITH, M. D., Clerk.

NEW LONDON , <i>Dyer T. Brainard</i> , <i>Na- thaniel S. Perkins</i> , James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, C. C. Cone, D. P. Fran- cis, Albert Utter, Albert Hobson, Robert A. Manwaring, Elisha A. Hewitt, Frank D. Brandagee.	GROTON , Joseph Durfee.
NORWICH , <i>Richard P. Tracy</i> , Worth- ington Hooker, Elijah Dyer, Jr., Eli- sha Phinney, Jonathan W. Brooks, Ashbel B. Haile, John D. Ford, Jere- miah King, Edwin Bentley, Benja- min S. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston, Henry W. Leach.	Portersville , Elias F. Coats.
BOZRAH , Samuel Johnson.	Noank , A. T. Douglas.
COLCHESTER , <i>Ezekiel W. Parsons</i> , <i>Frederick Morgan</i> .	LEBANON , <i>Joseph Comstock</i> , <i>Erastus Os- good</i> , Richard P. Green.
EAST LYME , <i>John L. Smith</i> , Austin F. Perkins.	LEDYARD .
FRANKLIN , Ashbel Woodward.	Galcs' Ferry , Rufus W. Matthewson.
GRISWOLD .	LISBON , <i>Vine Smith</i> .
Jewett City .	LYME , <i>Richard Noyes</i> , John Noyes.
	North Lyme , Wm. W. J. Warren,
	MONTVILLE , <i>Ephraim Fellowes</i> , Samuel E. Maynard.
	Uncasville , Jedediah R. Gay, John C. Bolles.
	NORTH STONINGTON , Thomas P. Wat- tles, Alvah Gay.
	PRESTON , <i>Avery Downer</i> , <i>Eleazer B. Downing</i> ,
	Poquetannock , H. W. Coats.
	SALEM .
	STONINGTON , <i>Wm. Hyde</i> , George E. Palmer, Wm. Hyde, Jr.
	Mystic , Mason Manning.

FAIRFIELD COUNTY.

SAMUEL S. NOYES, M. D., Chairman.

SAMUEL BEACH, M. D., Clerk.

FAIRFIELD, Jeremiah T. Denison, S. P.	HUNTINGTON, James H. Shelton.
V. R. Ten Broeck,	MONROE, Salmon H. Hall.
Greenfield, Rufus Blakeman.	NEW CANAAN, Samuel S. Noyes, Lewis Richards.
Southport, Justus Sherwood.	NORWALK, John A. McLean, Ira Gregory.
BRIDGEPORT, Samuel Beach, D. H.	SHERMAN, Daniel W. Northrop.
Nash, William L. Watson, Frederick	Stamford, N. D. Haight, Geo. Huntington, Robert Lockwood.
J. Judson, L. W. Burritt, Wm. Nash.	STRATFORD, William T. Shelton.
BROOKFIELD, Noah A. Lacey, A. L.	TRUMBULL, ELIJAH MIDDLE-
Williams.	BROOK, George Dyer.
DANBURY, R. B. Botsford, E. P. Bennett.	WESTPORT, George Blackman, David S. Burr.
Bethel, H. N. Bennett.	
DARIEN.	
EASTON, James Baldwin.	

WINDHAM COUNTY.

WM. H. COGSWELL, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel M. Hale, William Woodbridge.	Plainfield, Cent'l P. O., Morey Burgess, Nathan S. Pike, Elij. Baldwin, Jr., Horace Burgess.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Williams.
CANTERBURY, Elijah Baldwin, Joseph Palmer.	STERLING, William A. Lewis.
CHAPLIN, Orrin Witter.	THOMPSON, Samuel Bowen.
HAMPTON, Dyer Hughes.	VOLUNTOWN, Harvey Campbell.
KILLINGLY, Daysville, Justin Hammond.	WINDHAM, Chester Hunt, De Witt C. Lathrop.
South Killingly, Daniel A. Hovey.	Willimantic, John Hill, Jr.
East Killingly, E. E. Hill.	Scotland, Calvin B. Bromley.
West Killingly, David E. Hall, Samuel Hutchins, Stephen C. Griggs.	WOODSTOCK, North, Asa Witter.
Wilkinsonville, Henry W. Hough, Thomas W. Perry.	South Woodstock, Lorenzo Marcy.
PLAINFIELD, William H. Cogswell.	West Woodstock, Milton Bradford, Charles H. Rogers.
	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

MYRON DOWNS, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, Samuel Buel, J. G. Beckwith, George Seymour, D. E. Bostwick, Charles Vail.	BRIDGEWATER, Horace Judson.
South Farms, Garry H. Miner.	CANAAN, A. A. Wright, George Adam, Ithamar H. Smith.
BARKHAMSTED, F. B. Graham.	South Canaan, John A. Gillett.
BETHLEM, G. G. Bissell.	CORNWALL, Burritt B. North.

<i>West Cornwall</i> , Samuel W. Gold, I. E. Smith.	<i>SALISBURY</i> , O. Plumb, Wm. Werden.
<i>North Cornwall</i> .	<i>Lakesville</i> , Benjamin Welch, Jr., John H. Welch.
<i>COLEBROOK</i> , Seth Pease.	<i>SHARON</i> , Ralph Deming, Chauncey Reed.
<i>Gaylord's Bridge</i> , Gamaliel H. St. John.	<i>Wolcottville</i> , Erastus Bancroft, W. K. Whiting, J. W. Phelps.
<i>GOSHEN</i> , A. M. Huxley.	<i>WARREN</i> , O. Brown.
<i>HARWINTON</i> .	<i>Woodville</i> , Manly Peters.
<i>KENT</i> , <i>Wells Beardsley</i> , Johnson C. Hatch, Eliada Osborn.	<i>WASHINGTON</i> , R. M. Fowler.
<i>NEW HARTFORD</i> , Center.	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
<i>NEW MILFORD</i> , <i>Jehiel Williams</i> , Wm. B. Lacy.	<i>WATERTOWN</i> , <i>Samuel Catlin, Jr.</i>
<i>NORFOLK</i> , William W. Welch, E. D. Hugins.	<i>WEST WINSTED</i> , James Welch, H. G. Westlake.
<i>PLYMOUTH</i> , Samuel T. Salisbury.	<i>WOODBURY</i> , Charles H. Webb.
<i>Plymouth Hollow</i> , William Woodruff.	<i>Terryville</i> .
<i>ROXBURY</i> , Myron Downs.	

MIDDLESEX COUNTY.

M. D., Chairman.

G. C. H. GILBERT, M. D., Clerk.

<i>MIDDLETOWN</i> , Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Franklin Woodruff, Elisha B. Nye, George W. Burke.	<i>HADDAM</i> , Ira Hutchinson.
<i>CHATHAM</i> , Francis G. Edgerton.	<i>Higganum</i> , William H. Tremaine.
<i>Middle Haddam</i> , A. B. Worthington.	<i>KILLINGWORTH</i> , Richard M. Buel.
<i>CHESTER</i> , S. W. Turner.	<i>PORTLAND</i> , George O. Jarvis, Stephen Fuller, G. C. H. Gilbert.
<i>CLINTON</i> , Denison H. Hubbard.	<i>SAYBROOK</i> , Asa H. King.
<i>CROMWELL</i> , Richard Warner.	<i>Essex</i> , Alexander H. Hough, Frederick W. Shepard.
<i>DURHAM</i> , Benjamin M. Fowler.	<i>Deep River</i> , Rufus Baker.
<i>EAST HADDAM</i> , <i>Asa M. Holt</i> , Datus Williams.	<i>WESTBROOK</i> , Harvey Way.

TOLLAND COUNTY.

EARL SWIFT, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

<i>TOLLAND</i> , <i>Ahijah Ladd</i> , Oliver K. Isham, Gilbert H. Preston.	<i>MANSFIELD</i> , North, Norman Brigham, W. H. Richardson.
<i>ANDOVER</i> , Adonijah White.	<i>South Mansfield</i> , Earl Swift.
<i>BOLTON</i> , Charles F. Sumner.	<i>SOMERS</i> , Orson Wood, Erasmus E. Hamilton.
<i>COLUMBIA</i> , Harrison McIntosh.	<i>STAFFORD</i> , East, William N. Clark, Eleazer S. Beebe.
<i>COVENTRY</i> , North, <i>Eleazer Hunt</i> .	<i>Stafford</i> , West, Joshua C. Blodget.
<i>So. Coventry</i> , T. Dimock, H. M. Booth.	<i>UNION</i> , E. Lindsley.
<i>ELLINGTON</i> , <i>Allen Hyde</i> , Horatio Dow, J. H. Manning.	<i>VERNON</i> , Alden Skinner.
<i>HEBRON</i> , <i>JOHN S. PETERS</i> , Orrin C. White, Elijah A. Woodward.	<i>Rockville</i> , Benjamin M. Comings.
	<i>WILLINGTON</i> , Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1851, WITH THE DEATHS IN 1851.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	67	8	75	1
New Haven County,	59	8	67	2
New London County,	41	14	55	1
Litchfield County,	42	4	46	2
Windham County,	30	3	33	0
Fairfield County,	22	5	27	1
Middlesex County,	25	1	26	1
Tolland County,	22	5	27	0
Total,	309	48	356	8

NOTE.—Former Fellows of the Connecticut Medical Society, are *permanent members* of the Annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the by-laws, to be present at all meetings of the Convention, and partake of the dinner on the first day of the session.

DEATHS OF MEMBERS FOR THE YEAR ENDING APRIL 1, 1852, WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County, E. W. Carrington, aged 46, of Apoplexy.
New Haven County, Virgil Maro Dow, Phthisis, aged 56.
Andrew French, Disease of the Heart, aged 68.
New London County, John O. Miner, Old age, aged 89.
Fairfield County, Warren Percival, Infirmities of age, aged 65.
Litchfield County, William Buel, Apoplexy, aged 84.
Andrew Abernethy, Diarrhea, aged 70.
Middlesex County, Rufus Turner, Inflammation of Bowels, aged 61.

DUTIES OF CLERKS.

To warn County Meetings.
To record the proceedings of the County Meetings.
To collect the taxes, and pay the same to the Treasurer.
To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.
To make certificates of fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.
To transmit duplicate lists of the Members of the Society, to the Secretary

and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the Members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by Secretary.
3. Committee on the election of Fellows.
4. Address of President.
5. Election of officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for gratuitous course of Lectures.
14. Committee on Honorary Degrees and Honorary Membership.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
1794. Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
1795. Dr. Thaddeus Betts, on the different species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
1796. Dr. Lewis Collins, on the most eligible mode of increasing
Medical Knowledge in this State.
1796. Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
1798. Dr. Jared Potter, "An Essay."
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight, on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the deleterious effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainerd.
1827. Dr. Samuel B. Woodward, on the Biography of the Physi-
cians of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, "Influence of Moral Emotions on Disease."
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental Qualifications necessary to
a Physician.
1840. Dr. Richard Warner, on the Advantages of prompt and effi-
cient practice in Acute Diseases.
1841. Dr. Amariah Brigham, on Insanity as a subject of Medical
Jurisprudence.
1842. Dr. Charles Woodward, on Uterine Irritation.
1843. Dr. Pinckney W. Ellsworth, on Phlebitis.

- 1844. Dr. Worthington Hooker, on the respect due to the Medical Profession, and the reasons that it is not awarded by the community.
- 1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
- 1846. Dr. Theodore Sill, Observations on Typhus Fever.
- 1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
- 1848. Dr. B. F. Barker, Remarks on some forms of disease of the Cervix Uteri.
- 1849. Dr. Alvan Talcott, on Hygiene.
- 1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
- 1851. Dr. George Sumner, on the Early Physicians of Connecticut.

APPENDIX A.

Report of the Examining Committee of the Connecticut Medical Society for 1852.

THE Board of Examiners convened at the Medical College in New Haven on Wednesday, the 14th of January, 1852.

Present on the part of the Medical Society, Rufus Blakeman, M. D., President, Fairfield; Pliny A. Jewett, M. D., New Haven; Benjamin Welch, M. D., Salisbury; Ashbel Woodward, M. D., Franklin; Pinckney W. Ellsworth, M. D., Hartford.

On the part of Yale College:—Professors B. Silliman, Eli Ives, Jonathan Knight, T. P. Beers, C. Hooker and H. Bronson.

Fourteen candidates were examined and recommended for the degree of Doctor in Medicine.

1. Francis Bacon, New Haven, on the "Variableness of Disease."
2. Richard Miles Buel, Clinton, on "Idiopathic and Traumatic Tetanus."
3. James Hart Curry, Peekskill, N. Y., on "Typhus Fever," and the "Valedictory Address."
4. Jonathan Edwards Doolittle, Wallingford, on "Uterine Leucorrhœa."
5. Nathaniel Marston Freeman, Easton, on "Croup."
6. Pierre Robeau Holley, New Haven, on "Croup."
7. Charles Augustus Lindsley, B. A., Trinity Coll., Orange, New Jersey, on "Diagnosis."
8. John Shute Moody, New Haven, on "Anæsthetics."
9. George Benjamin Parsons, Kent, on "Inflammation."
10. Samuel Newell Rowell, B. A., Yale, New Haven, on "Intestinal Worms."
11. Wells Hamilton Sellew, Portland, on "Scarlatina."
12. Ezequiel Uricoechea, Bogota, New Grenada, on "Cinchona."
13. Noah Blakeslee Welton, Cheshire, on "Erysipelas."
14. Samuel Allen Wilson, Windsor, on "Pneumonia."

The Degree of Doctor in Medicine was conferred by President Woolsey on ten candidates. From one the degree was withheld, he not having arrived at the age of twenty-one years. Three are to have their degrees when their full term of study has expired. Total 14.

The Annual address to the Candidates was given by Alvan Talcott, M. D., of Guilford, late a member of the Board of Examiners. It was an exceedingly well written and able production, replete with sound maxims and good advice, and was listened to with much attention by a large audience of both sexes.

The valedictory address by James H. Curry, M. D., was one of the best efforts of the kind we ever heard. It was written in a forcible and pleasant style;

and contained some decidedly "good hits." If the young author enters upon the practice of medicine with the same vigor, and adheres to the good advice inculcated in his address, we think there will be no doubt of his success.

The candidates, with, we regret to say, some exceptions, were exceedingly well prepared, and sustained their examinations with honor to themselves, their instructors, and the institution. Some of the young gentlemen were poorly prepared: more from the want of proper study, than from the lack of care and attention on the part of their instructors in the college.

Your committee cannot close this report without calling your attention to the very loose manner in which certificates of study are given by some instructors. It is not sufficient that a student's name has been *entered* in a Physician's office for a given time, to ensure a full certificate. He should also bring some evidence that he has *pursued* the *study of medicine* and attended recitations. It is confidently believed that some students appear before the Board with a full certificate, who have rarely or never made a recitation to the Physician giving the certificate. Such proceedings are only calculated to bring disgrace upon both the instructor and pupil.

Upon the whole the committee were well pleased with the acquirements of the candidates; and it may be proper to state that with the exceptions above mentioned, they all passed with the unanimous vote of the Board.

By order of the Examining Committee.

P. A. JEWETT.

NEW HAVEN, Jan. 17, 1852.

APPENDIX B.

The Committee appointed under Dr. WILSON'S resolution, in relation to the Report made by the Fellows from the Fairfield County Society, would Report :

We find the facts in the case to be these: Three individuals, JEREMIAH T. DENISON, DANIEL W. NORTHPROP and CHAUNCEY AYRES, were reported to be "notoriously in the practice of Homeopathy;" and therefore, according to a By-law adopted at the last meeting of the State Medical Society, the County Society, on full proof of the alleged fact, was competent to expel them. Due notice was given to the offenders, so that they could, if they pleased, appear to defend themselves against the charge. They failed to appear. The Society then passed the following vote: Resolved, That the above-named persons be dismissed from the Fairfield County Medical Society.

On referring to the By-laws it will be seen that the subject of *dismissing* members is treated of by itself, in Article 3d of the section entitled *County Meetings*; and certain cases to which this act may be applied are very definitely stated. This act is not applied to any *offense*, in the strict sense of that term, unless to "refuse or neglect to pay taxes" be an offense. But this seems to be considered by the Society simply as indicating that the individual does not

prize the privilege of belonging to it sufficiently to make it proper that he continue to be a member.

Offenses and misdemeanors are treated of in the 4th Article of the same Section. The process to be gone through with in the treatment of offenders is fully detailed; and the result is, that "the offender, under conviction, may be punished by admonition, by suspension from the privileges of the Society for a period not exceeding two years, or by expulsion from the Society.

The cases reported by the Fairfield County delegation clearly come under this head; and the proper course for the County Society to pursue was, to inflict some one of the forms of punishment named in that Article, instead of simply *dismissing* the offenders, and to report their action, if expulsion were decided upon, to the State Society for its ratification.

The subject of the treatment due from our Society to Physicians who become Homeopathic practitioners is of very great importance, and merits from your Committee some consideration in view of the cases which have been referred to us.

The object contemplated by the Legislature in granting a Charter to the State Medical Society, was to secure to the people of Connecticut the services of a well educated body of Physicians. It was presumed that all medical opinions, and statements, and alleged discoveries, would be thoroughly examined and canvassed by the profession. The idea was not indulged for a moment, that there would not be perfect freedom of opinion among the medical men embraced in the State Society. And therefore no provision or measure was contemplated which should introduce to the public another body of Physicians, distinct from the medical profession authorized by law and in opposition to it. It was presumed that every new doctrine or pretended discovery could have a fair chance of a full and candid investigation, and that there was no need of organizing and chartering a particular sect, pledged to its establishment, in order that its claims might be properly urged. And the history of medicine shows that the presumption thus entertained by the Legislature was well founded. No doctrine or system, any part of which time has shown to be valuable, has been wholly rejected by the medical profession; but on the other hand, it has been examined and sifted, and the valuable portion, however small it may be, has been retained and stored among the permanent acquisitions of our science.

But it has been contended within the last few years, that the medical profession has failed to accomplish its mission in this respect, and that progress demands that other appliances should be put in requisition, in order that all the resources of medical science be developed. Accordingly various sects have arisen, called into being by crude dreamers, each imagining that he has been charged, as Hahnemann supposed himself to be, with "the great gift of God to man." The systems which bind these sects together have their adherents in different classes of the community, each according to its peculiar character. And Homeopathy, Hydropathy, Thomsonism, Eclecticism, &c., are all but upshoots of the same radicalism, suited in character to the circumstances under which they spring up. Thomsonism, for example, suits the coarser mind that demands bold and palpable results; while Homeopathy attracts minds which are refined by fashion or education, and especially those which are tinctured with transcendentalism.

These systems, however widely they differ in character, all agree in one thing—they are all at war with what they term the “regular” profession. And this war, which is one of extermination, they have prosecuted from the beginning. It is idle, therefore, for their advocates to claim that they have been cast out of the medical profession. They have exiled themselves by the position which they have voluntarily assumed. They have ignored the profession, and their appeal has ever been from the profession to the people; and if we take them at their word and say, ‘to the people let them go,’ they can not accuse us of exclusiveness or persecution.

The remarks just made are applicable as fully to Homeopathy as to the other systems which we have named. This system, it is true, was broached by a regular Physician; but it was after he had cut himself loose from the profession, and proved himself not only an empiric, but a cheat, by selling common borax as a newly discovered specific, at the enormous price of a *louis d’or* per ounce. And Homeopathy, thus born in empiricism, has ever retained the impress of its origin. It has not waited to be driven from the domains of science; but, banishing itself, it has ever worn the garb, and adopted the modes and tactics of quackery. The claim, therefore, which its motley herd of votaries now so boldly set up for the privileges and honors which science gives, is not only baseless but impudent, and quite as much so as that which is set up just as boldly by their brethren in radicalism, the Thomsonians and Eclectics.

It is pertinent to remark here, that the assertion which the advocates of these various systems so often make—that the medical profession has, like them, adopted an exclusive set of doctrines—is entirely false. The term Allopath, which the Homeopaths bestow upon us, is a misnomer. The great body of the profession are ready to receive any facts or doctrines, from whatever quarter they may come, demanding only that they shall be proved to be true.

The issue, then, between the regular profession and the various sects which have lately risen, is distinct and clear. The profession claims, that in the unsectarian organization which the Legislature has given it in its charter, it is accomplishing in the most efficient manner possible the object aimed at—the supplying the community with a body of well-educated Physicians. And it further claims, that it does this without trenching in the least upon liberty of opinion. The various sects, on the contrary, claim that the Legislature was mistaken in its views, and that the only way to secure liberty of opinion, and therefore progress, is to grant an organization to every sect that asks for it, and that too without exacting of it an adherence to rules recognizing the necessity of thorough education. The question before the community is not, as Homœopaths and others contend, whether an Allopathic sect, so called, is to have a monopoly, or is to share equal rights with other medical sects; but it is, whether an unsectarian and educated profession shall be sustained, or the community shall, in place of it, be filled with a variety of uneducated and irresponsible sects in medicine. And all that we ask of the Legislature is, that it shall not forsake the original design at which it distinctly aimed in granting the Charter of the State Medical Society, and not that it shall secure to us any monopoly. We do not ask that any medical sect shall be put down by the power of law, but simply that no sect as such shall be authorized by law to assume the position, so long granted to a profession which allows of the utmost latitude of opinion, and recognizes character and education as the only basis of membership.

These preliminary remarks have been necessary, in order to come to a right decision of the question, as to what our duty is in relation to Physicians in our ranks who become Homeopathic practitioners.

Some forbearance has hitherto been exercised toward such offenders, but it is now fast becoming the general sentiment of the profession that they should at once be excluded from our Societies.

They can be excluded for misdemeanors. It is a well known fact, however much it may be disputed in certain quarters, that the great majority of Homeopathic practitioners are not only poorly educated and destitute of any proper credentials, but they are guilty of practicing the grossest arts of quackery. Any act of association with the common herd of Homeopathic practitioners should therefore be treated as a misdemeanor; and simply because it contravenes the great object of our organization—the securing to the community a body of well educated medical men.

But it is not necessary, we contend, to wait for the commission of any such definite and individual act. Homeopathy has been before the profession for half a century and has been thoroughly examined; and if there be a modicum of truth in it, that would not be lost to science, although as a system it should at once, as it is destined to do in a short period of time, pass into utter oblivion. And in the position which Homeopathy has been assuming more and more distinctly ever since its rise, it is not, be it observed, a system of doctrines merely; but a system of doctrines, or rather a group of dogmas, *united with all the arts and appliances of quackery, and relying on them for its support*; and after fifty years' experience with it, the profession are justified in treating it as bearing this character.

Very different would be the position of the profession toward Homeopathy, if it had aimed, like other doctrines advanced by Physicians, to gain a foothold among medical men alone or chiefly, instead of making its appeal to the popular favor and against the profession. In that case, absurd as Homeopathy is, we should, as advocates of freedom of opinion in medicine, dismiss at once the idea of subjecting any of its votaries that might be found in our ranks to discipline, and should be content to combat it with argument, confident of the power of truth to dispel the delusion. But a system of quackery, based upon a jumble of dogmas, put forth by one who was at once a dreamer and an empiric, surely merits no such consideration from medical men. And as its adherents do not aim simply at the establishment of a system of doctrines, but wage a war of radicalism against the profession, and seek to throw down the barriers that guard it from the intrusion of ignorance and quackery, if any of them be found in our ranks, our duty clearly is to expel them. Such a course is not only dictated by self-respect, but the regard which is due from Physicians to the welfare of the community demands it of us. If we do not expel them, we consent to the base and destructive alliance between science and empiricism, which they are attempting to affect by retaining their place in our Societies. To occupy the position at once of Physician and of quack, is an inconsistency to which no reasonable man would ask the profession to give its sanction.

In view of these facts and principles therefore, your Committee recommend that in accordance with our By-laws, every Physician who becomes a Homeopathic practitioner, should at once, on proof of the fact, be *expelled* from the Society.

Perhaps it will be said that, although most of those regular Physicians who become Homeopaths do so for pecuniary reasons alone, there are some few who are honest in their convictions, and that these should not be dealt with in this peremptory manner. In reply to this it may be said, that it is ordinarily impossible to distinguish between those who are honest and those who are not so; and even if we could make the distinction, an honest conviction in favor of so gross a delusion may be justly considered as proving a mental obliquity so great, as to disqualify for the proper performance of the duties of a Physician.

It is proper to remark here, that if a Physician should think that the alleged principle, *similia similibus curantur*, which was definitely advanced by Stahl a century before Hahnemann made it the basis of his system, applies as an explanation of some of the phenomena developed in the treatment of disease, or if he should think that Homeopaths have brought to our notice some remedies which are of value, such opinions do by no means make him a Homeopathist, or subject him to discipline. We put no restriction upon mere opinions in our organizations. It is the adoption of Homeopathy as a system of doctrine and practice, and of its practitioners as brethren—it is the going over to Homeopaths as a sect—which alone can make the term Homeopathist applicable to any Physician, and render him a fit subject for the act of expulsion. At the same time it should be remarked, that those who, in order to cater to the popular prejudice, inform a portion of their employers, that they are ready to practice Homeopathically as well as in the old way, (as it is termed,) are guilty of an obedience to the behests of quackery, indicating a loss of the self-respect belonging to every high-minded Physician.

In accordance with the views presented in this Report, your Committee recommend, that the action of the Fairfield County Medical Society be not ratified, and that the subject be referred back to that Society, that they may act upon it in compliance with the By-laws, in order that their action may in proper form come before the State Society at its next annual meeting.

WORTHINGTON HOOKER, *Chairman*.

APPENDIX C.

TO THE PRESIDENT AND FELLOWS OF THE CONNECTICUT MEDICAL SOCIETY.

The committee appointed to nominate Professors in the Medical Institution of Yale College respectfully report :

THAT the committee was called to meet the committee appointed by the corporation of Yale College upon the reception of the resignation of Henry Bronson, M. D. All but one of the members of your committee being present, sufficient to form a quorum, it was *unanimously* voted to nominate to the corporation Worthington Hooker, M. D., of Norwich, as a professor in Yale College.

E. H. BISHOP, *Secretary*.

NEW HAVEN, May 12th, 1852.

APPENDIX D.

Every social organization needs a system of By-laws, in other words, an ethical code, for the regulation of the social conduct. This requires some sacrifice on the part of individuals, otherwise the individual impulses would be sufficient to regulate the social relations.

The idea of moral obligation is inseparable from an intelligent code of manners, because we are conscious of an intimate connection between the outward manners and the moral sentiments. This consciousness has extended the word *ethics* from its etymological abode in the manners to a seat in the moral nature.

Therefore in every organization formed for the interests of our fellow-men, the members should cultivate a high sense of the moral obligations imposed upon them by their articles of agreement, and, by every act of their lives, evince a lively and increasing interest in the object for which the compact is formed.

This is particularly true in the medical profession. Designed as it originally was, to protect the health, to remove diseases incident to our race, and consequently to increase every one's sphere of usefulness, a code of medical ethics has been formed, which is admirably adapted to accomplish these important objects. The observance of these rules is highly important, not only for the purpose of accomplishing these objects, but of elevating the moral force of the profession to which we belong.

It is unnecessary to enlarge upon the propriety of complying with the various regulations adopted by the "American Medical Association," and by all our local societies. But it is proper to remark upon the violation of some of these regulations by members of our society, who, were it not for these improprieties, would be unexceptionable and honorable members.

Consultations and familiar professional intercourse should be encouraged with all the members of our profession who possess a "moral and professional" character, which justly entitles them to such attentions. But where a deficiency, either of "moral" or respectable "professional standing" exists, consultations and familiar professional intercourse with them should not be encouraged. Within the observation of your committee, continued and strenuous efforts have been made to remove the very just restriction of former wise legislators upon those who, without proper qualifications, have commenced the practice of medicine.

Our legislators were urged by the uneducated followers of Samuel Thompson to repeal one section of our act of incorporation, and requested by the members of our society not to repeal it.

It is perhaps inseparable from the narrowness of party spirit, and the omnivorous lust of brief authority, to measure the importance of petitions by the political power of the petitioners. It is unfortunate if it is so.

We have to regret that this petition was not considered on its own merits, aside from all party bias whatsoever. The prayer of the petition was granted, and the petitioners were placed, so far as the sanction of legislative authority is concerned, on a footing with thoroughly educated practitioners.

On the propriety of this course, no expression of opinion is necessary. But

if our code of ethics, as it now exists, had always been duly regarded, both in letter and spirit, perhaps no legislative action would ever have been taken.

Formerly and at the present time a course has been pursued by many of the profession well calculated to advance the interests of this and other classes of empirics. Consultations with any class, which depends on a reputation based upon *any* special mode of practice, will do infinitely more to sustain them than legislative acts. Aside from a *temporary* and *personal* advantage, which might be gained by such consultations, no benefit is to be expected.

We are not disposed to reprobate the ignorance of Samuel Thompson for asserting in the nineteenth century that fire, air, earth, and water, were simple elementary bodies, or for his indiscriminate use of capsicum and lobelia, and pass over all other classes of empirics as being less objectionable; for while the prostrating effect of lobelia in a low stage of typhus fever would, with more apparent certainty, hasten the death of a patient, than would an infinitesimal dose of sulphur or charcoal, it is equally true that sins of *omission* are often as great as sins of *commission*. The whole group of quackery and imposition of this character is opposed to the interests of the medical profession, and the welfare of the public; and every member of our profession, who wishes to advance the interests of science and benefit his fellow-men, should at once and forever abandon all professional intercourse with those who make any pretensions to a *special system* of practice, avoiding with equal scrupulousness the natural bone-setter, the believer in the senseless doctrine "*similia similibus curantur*," the dealer in lobelia, *et id omne genus*.

Very nearly allied to this subject is the practice of many of our highly respectable physicians of giving their names in recommendation of a nostrum possessing very little intrinsic merit, and altogether inferior, as a medicinal agent, to the every-day prescriptions of an intelligent physician, and which is in the highest degree reprehensible. For example, take the composition called "Cherry Pectoral," the advertisement of which is accompanied by a plate representing chemical utensils almost sufficient for a full exposition of the science of chemistry, and by a long list of names of distinguished professional men.*

They recommend a mixture of Morphine, Blood Root, Ipecac, Antimony, and Sirup of Black Cherry, "protected by law from counterfeits," with the fact fully before them, that this compound can not be beneficial or even safe, in *all* stages of *any* particular disease.

Still more reprehensible, if possible, is the practice of advising our patients to use the various nostrums which are at the present day so profusely palmed upon the public. The aid of intelligent and honest members of our profession should not be rendered to increase the wealth of those engaged in the manufacture of nostrums.

Intelligent physicians should carefully investigate every case of disease which comes under their observation; and if they understand the diagnosis and pathology, and are not grossly deficient in their knowledge of materia medica, they will be successful in the treatment. If they are too indolent to investigate the character of the disease, or incapable of prescribing a judicious course of

* The recommendation of "Ayres' Cherry Pectoral" to which Professor Silliman's name is attached, is a *forgery*. He says "I positively refused to recommend it, or to give him leave in any way to use my name." It is believed that many of the other similar recommendations are forgeries.

treatment, it is their duty to admit the truth, instead of recommending "quack medicines." Is it not apparent that indolence, self-interest, and a desire to retain the patronage of employers, lie at the root of this evil?

Your committee reluctantly allude to the course pursued by a portion of a highly respectable class of our citizens in relation to the interests of the medical profession. It is well known that the clergymen throughout the country have, from time immemorial, received the gratuitous services of our profession. And these services have been cheerfully rendered. It is admitted that there have been some exceptions to the application of this rule; where for example, the clergyman received a liberal salary, and his pecuniary circumstances rendered him abundantly able to remunerate his family physician. With these few exceptions, the members of the medical profession have spent a great amount of their valuable time in administering to the necessities of their pastors and their pastors' families. How have these kind services been reciprocated? Not by a careful attention to the merits of the science of medicine, (which has stood the test of ages, and which will stand, when the nostrums and "isms" of the age in which we live shall be remembered only as "things that were,") not by a course of conduct that would inspire confidence in a system of practice with which a careful observer would be favorably impressed; but by credulously adopting the visionary notions of disappointed and disaffected individuals, who, either from the want of ability to understand the principles of our profession, or of judgment to apply them, have become the advocates of Homeopathy, Thompsonism, Mesmerism, or some other equally ridiculous and senseless chimera. Ours is a benevolent, self-sacrificing, and to some extent, a thankless profession; and in proof of the last assertion, we have only to refer to that portion of the clergy alluded to. Of this class, one, who has partaken of the hospitalities of some of our members, as well as of the religious community to a wide extent, on account of the work of benevolence in which he was engaged, has not only abused our confidence, but descended to vending the sirup of "Rock Rose and Sarsaparilla," and so far as his influence extends has dragged down with him in his descent the sacred cause of religious benevolence, for the purposes of gain, rather than of godliness. And that he may the more effectually secure for it an extensive sale, he has, in a manner altogether inconsistent with the character of a religious teacher, penetrated the sanctuary of the dead, and perverted the true meaning of living testimonial. Several highly respectable physicians have expressed a favorable opinion of the use of Rock Rose, uncombined with other articles, and these opinions have been used for the recommendation of a mixture, the composition of which is not known by those whose names and influence have been thus employed.

Your committee will not be considered as "traveling out of the record" while they speak in terms of disapprobation of the collusion which too frequently exists between the physician and the apothecary. Instances have occurred where the apothecary has exerted an influence for a particular member of the medical profession, greatly to the prejudice of others equally meritorious, because he has received the prescriptions of his friend: and for that favor he has paid a liberal per centage.

An honorable and laudable desire to promote the respectability of the medical profession and of apothecaries, should be arrayed against a practice so dishonorable to the parties thus combined to promote their own pecuniary inter-

ests. The practice of medicine and the art of dispensing it, should not be converted into a mere trade, of which the governing principle is to make the most of the business, at the expense of more honest and conscientious associates.

Those who pursue a course of this kind may, and often do succeed in accomplishing the object in view. The eye of the public may fail to detect the iniquity; but their honorable brethren will mark them with unmistakable disapprobation.

As has been already intimated, a high sense of *moral obligation* should be sufficient to induce every member of our profession to act so as best to promote the interests of all.

The prosperity, and to a great extent the usefulness of our profession, is dependent upon the action of those who are engaged in it; and as motives which originate in selfishness will sometimes induce individuals to deviate from the course which the moral sense dictates, a system of ethics has been adopted, which should in all cases guide and restrain the wavering. It would seem to be wholly unnecessary to remind the members of our liberal and honorable profession of the propriety of obeying the suggestions of the moral sense; but inasmuch as there is a proneness to disregard the "higher law," we have a written code of medical ethics so plain that "he who runs may read."

The attention of your committee has also been directed to the question of remuneration for services, as a branch of medical ethics, affecting both the physician and his employer. When we take into view the expense of acquiring a medical education, and the demands for the sacrifice of time and services that are consequent on the practice of medicine, it must be admitted that the tariff of charges usually adopted by physicians in this state is very low. It is believed that industrious mechanics as a class, with little expense in learning a trade, a total exemption from the watchings, cares, and mental disquiet of a professional life, with comparatively small sacrifice of time, or talents, in carrying on the great moral, educational, and benevolent movements of the age, accumulate a much larger amount of property than is usually the portion of physicians practicing in the same neighborhood.

With the demand for labor, the cheapness of land, and the abundance of the necessities of life, the calls on our profession for gratuitous services ought to be few, much fewer than they are. Medical men should place a higher value on their labors. Although there are confessedly many calls for the exercise of unquestioned benevolence, yet the man who is able to purchase what with us are considered the necessities of life, might and should pay something to compensate the physician, who has devoted his time, and skill, and anxious care, for the recovery from sickness of himself or family. There is, for this, a moral obligation resting on the patient which, if he can, he ought to discharge; and his morals are vitiated, if through his own or his physician's neglect, it fails to be done.

But there is another view of this question of *fees* suggested by the practice of those physicians who descend to the trick of undercharging for the purpose of securing patronage. Such unprofessional conduct affects the dignity and honor of the profession, and demands the severest reprehension. It destroys the self-respect of the delinquent, and consequently disqualifies him for honorable membership. It undermines the foundation of all fraternal confidence and intercourse, and would, if generally adopted, degrade the profession to the low level of the jockey and sharper.

It is to be hoped that the thorough academical and medical education, which is now required, will tend to exclude from the profession such persons as might be disposed to degrade its majesty and divert its high honors to the purposes of craft and trickery, such as should be named only as belonging to empirics and charlatans.

If it is true in politics, it should not be in the medical profession, that "every man has his price."

ARCHIBALD WELCH, *Chairman.*

NOTE.—As no opportunity presented to confer with Dr. Beckwith, (one of the committee,) previous to the meeting of the Convention, he submitted the following report.

APPENDIX E.

The Committee to whom was referred the subject of Medical Ethics, further Report :

THAT great progress has been made in this department of our profession within the last half-century. In reviewing the history of our profession, we find no well defined system of medical police, nor code of Medical Ethics, before the establishment of Medical Schools, and the organization of Medical Societies.

The wants of the community were found to demand a more enlightened and better educated class of practitioners, to meet the exigencies of the times and to sustain itself among the liberal professions of the day. Theological and Law Schools were becoming established and the manifest improvement of the clerical and legal professions from the accession of a class of educated men, gave an impetus to our profession which has conduced to elevate its character and place it among the liberal professions in all countries.

When the profession began its new and higher range of thought and destiny, and to investigate the immense fields of natural history and the unexplored depths of science which were placed within the legitimate sphere of its research; and the vast regions of the animal, material and vegetable kingdoms were given up to it, not as they are yielded to the naturalist, for classification and investigation merely, but as the means of sustaining human life and defending it from the attacks of the destroyer; a host of remedies were thus brought into the service of the profession hitherto unknown and of course unappreciated and lost to the world. With the commencement of medical organizations, which can have existed but about half a century, and the commencement of a course of medical instruction in the several departments of our profession, must be attributable the origin and adoption of that code of medical ethics and police which is now found to hold a prominent place in the organization of every well regulated medical society. A well defined system which prescribes the rules of intercourse, the honorable bearing which the members of the society are to render toward each other—the respect due to seniority in the profession—the regulation of medical charges—the subjects of medical benevolence, and the whole conduct of the members of the profes-

sion to each other and to the public. With their rules you are familiar. They proceed upon that great principle of universal application, "Do unto others as you wish them to do unto you."

Fifty years since and the hardy sons of Esculapius were *heroic* not only in their treatment of diseases, but in their treatment of each other. The practitioner who relied upon the lancet, who could venture to abstract the largest quantity of blood or subdue disease by the most potent remedies, was deemed the *safer* man, for he was a man of undoubted courage, and toward his rival, if there was of necessity any collision of interest, (with some honorable exceptions,) he pursued an unrelenting warfare; and he who could not assume this warlike attitude and even carry the war into the enemy's camp, was often regarded as too tame a man to be deserving of the confidence of the public. This warfare was not confined to the rival practitioner, but to all his remedies, and he needed no other incentive but to be told that his rival had prescribed a certain remedy, to avoid it himself. His rivalry and embittered feelings involved the whole community—in many, in other respects quiet places in the country, it was almost the only excitement which agitated the community—and in this they gloried, preferring rather to die in the manly defense of the practice, or the remedies of their family physician, than to trust the efficacy of the remedies of more successful rival practitioners. Hence the quarrels of medical men became proverbial and thence the origin of that significant proverb "who shall decide when doctors disagree?"

But a better day has dawned upon the medical profession, when kindness and good offices to each other are passports to eminence in the profession; when there is a generous emulation to excel in manifestations of kindness and benevolence to one another—to defend our common profession which we so much love, from the attacks of the destroyer and the malevolent; and to lay its foundation broad and deep upon a superstructure more enduring than earth itself, and on it erect a lofty monument to our common "friendship and our beloved profession." The demonstrations of these social tendencies have been more emphatically proclaimed and more largely exemplified in the associations of the county, the state, and the nation, within the last fifty years, and are constantly being developed, exhibiting the larger resources of medical men and the influence which they exert in sustaining the social fabric of our republican institutions; bringing together the north and the south, with the east and the west, in one common and harmonious union; the varied interests and the concentrated influences of the profession, making a concentration more effective and more reliable than the mightiest combination of military force in sustaining and perpetuating the common blessings of liberty and life, which are unappreciated because they are common.

But even in this enlightened age, with the intense light which has been poured upon the nineteenth century, there are still difficulties to be encountered and obstacles to be removed. In our age and times there is constantly being exhibited some new form of delusion, commending itself by its boldness and assumption of claims to the confidence of the public, or from some imaginary or pretended efficiency and efficacy to which it has no legitimate claim, no matter how absurd or visionary the dogma. There are found men whom we regard as *honorable* and who occupy the high places of honor and trust in the land, or who minister at the altar of religion, thus prostituting the high places

which they occupy to yield a borrowed luster to mere popular delusion. It often becomes a grave question in our police what course should the profession pursue in regard to such deluded individuals. We answer, that they are to receive from us such a course of gentlemanly treatment as shall convince them that we are honest and united in maintaining the landmarks of the profession—that we can not without manifest injustice to our profession and to our convictions of duty, meet in grave consultation over the life of a friend an individual of *one* idea, who professes to restore to health and perhaps from the verge of the grave, to life by the agency of a *single* remedy, or who believes the absurd dogma that the less quantity the greater effect, or the thousand other delusions of the day equally absurd. The duty of the profession is plainly marked out in our course of medical ethics but the public require these motives should be given to them. Knowledge should be imparted to the non-professional of the varied nature of our remedies, that they operate upon the known and regular laws which govern the animal economy, and can in most instances be relied upon as standing in the relation of cause and effect. Exhibit the immense advantage which the learned and scientific practitioner possesses over the ignorant and unlearned.

Let the village lyceum and the printing-press *impart* stores of knowledge to the people. Let well directed common sense and sound logic, expose the dangers of a system which has no adaptation to the thousand phases of disease.

Then the regular practice of medicine would be honored and respected; the devoted and self-sacrificing servant of the profession, *worn* out by days of trial and nights of watching, (the stern necessities of his profession) be exalted in the public estimation, and be regarded by the world as the most useful of public benefactors.

The subject of quackery and the servility of grave legislators, and even the sacred ministrations of another profession almost too sacred to be subjects of our animadversion, have been so ably and so fully presented by the chairman of the committee, we refrain from making them the subjects of further consideration.

But I would make some honorable exceptions to such members of the legal profession as have preserved unsullied the purity of the judicial ermine, and also to those members of the clerical profession, who, in addition to the salutary influence which they exert in the cause of their master, have sustained and supported the system of legitimate medicine which has been the safeguard of their fathers.

When those of this class, who are poor and needy, call for medical aid, let them receive the gratuitous services of our profession, for they are entitled to it from the example of the fathers of medicine.

There are other subjects of medical benevolence—the families of our deceased brethren, many of whom have fallen prematurely by exposure to “the pestilence which walketh darkness or the destruction which wasteth at noon-day.” They are most unequivocally entitled to professional care and gratuitous services—a claim paramount to pecuniary remuneration, for the uncanceled debt due to the deceased parent, is payable to the living heir.

There is another class, the poor, who were left in charge to the profession by him who bequeathed them to his followers and the profession to be cared for,

and watched over for their love to him and our condition of future bliss. Let no one prove recreant to the sacred trust.

Our police also prescribes that those whose days are devoted to science, or who are connected with any of the great missions of benevolence of the day, destitute of the means of pecuniary remuneration without inconvenience to themselves, should receive gratuitous aid so delicately bestowed as not to place them under obligations to us, but to the liberal rules of an excellent police which gives encouragement to the arts and sciences, and all the votaries of learning wherever they may be found—the benevolent patron of all that is good, great, and virtuous. But it is not our province to dwell upon the rules and regulations of our excellent system of police and ethics, which may be found well laid down in the second volume of the Proceedings of the American Medical Association.

REPORT
OF THE
COMMITTEE ON MEDICAL EDUCATION,
APPOINTED BY THE AMERICAN MEDICAL ASSOCIATION.

BY WORTHINGTON HOOKER, M. D.

**FROM THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. RE-PUBLISHED
BY VOTE OF THE CONN. MEDICAL SOCIETY.**

ONE of the great objects of this Association is to raise the standard of education and attainment in the medical profession in this country. It was, indeed, the desire to promote this object, awakened in many different minds in our profession, that gave birth to the Association, and that has imparted to it its chief interest. Accordingly, much attention has been paid to this subject, both by committees and by individuals, and it has furnished the principal topics for discussion at our annual meetings. The committees have collected for us a mass of facts, and the discussions have elicited the opinions of medical men from all parts of our Union; and yet, as your committee believe, we are only at the threshold of an investigation which is destined to effect a thorough change in the character and prospects of the medical profession in this country.

Thus far, only parts of the broad field presented by this subject have been explored, and that separately. Much stress has been laid, by different minds, upon different measures which have been proposed, and the merits of each have been earnestly urged by its advocates. A candid view of the subject as a whole, we think, will show that there is no one measure, or set of measures, that can raise the standard of medical education, but that this must be done by an extensive and varied combination of measures. And it is such a view of this subject that we design to present in this report, as clearly and concisely as we can, to the Association.

It is a fact so palpable that few are disposed to question it, that the general standard of education and attainment is much lower in the medical than it is in the other professions. The evidences of this fact it is not necessary to dwell upon now, as they will appear in the course of the exposition which we propose. An inquiry into its causes, by revealing to us the difficulties to be overcome, will show us what measures are necessary to promote the reform at which we aim. Such an inquiry really needs more space than is afforded by the limits of a report; and we shall be obliged to condense our remarks upon some portions of the subject which merit a full discussion.

In examining the causes of the low state of education in our profession, we shall find that they have an influence upon each other which makes it difficult to discover their relative importance. We shall also find that some causes which have hitherto in a great measure escaped observation, exert more influence than those which have attracted the most attention ; and that in regard to some of these latter, it is true that they are results produced by causes which, because they lie farther back, have passed unnoticed. Let us then look at the different classes of these causes, so that we may place a due estimate upon each, and give to them all their just relative position.

We invite your attention, first, to those causes which we find in the existing modes of conducting medical education.

The defects and abuses which these modes present have some of them been freely commented upon in previous reports. But some which we deem to be of great importance have as yet not been noticed at all, or have been barely hinted at incidentally. In our exposition of these defects and abuses, we shall point out, as we proceed, their appropriate remedies.

The deficient preliminary education of a large proportion of the medical students in this country has been enlarged upon so fully in previous reports, and the importance of a change in this respect has been so universally acknowledged, and so forcibly impressed, that it is not necessary now to enter upon any extended examination of this subject. It is of the utmost importance that the action of the Association on this subject be fully sustained, and that its recommendations should be carried into effect as rapidly as the various conditions of the different portions of our country will permit. The laxness of practice which prevails in regard to the preliminary training of medical students is one of the greatest obstacles in the way of raising the standard of education and attainment in the profession. One practice, which we believe is followed in nearly all our medical schools, has a peculiarly bad influence. We refer to the fact that all students are placed upon the same level in regard to the length of their required term of study before they can be candidates for a degree. There certainly should be a distinction made in this respect between those who have had a deficient preliminary education, and those who have graduated at some literary institution, or who have in some other way duly prepared themselves for the study of medicine. Such a distinction is absolutely necessary to a proper recognition of the importance of a suitable preliminary education, and we therefore recommend that it be adopted at once by all our medical schools.

With these few remarks, we pass to the consideration of the defects which we find in that part of the education of the American practitioner which is strictly medical.

How, let us inquire, are most students of medicine educated in this country ? Eight months in the year they *read* medicine, as it is termed, in some physician's office, and the remaining four months they hear from four to seven lectures daily, at the same time attending upon the practice of a hospital if there be one in connection with the school, and practicing dissection if they incline to do it. As most physicians are not accustomed to teach, a very large proportion of students simply read medicine under the direction of their preceptors, and so far from being the subjects of any rigid training in their studies, they are merely told what books to read, and their inquiries are answered whenever they chance to make any. And when they come to attend lectures, there is

nothing like recitation, or, if there be an examination of the students on each previous lecture, so little time is given to the exercise that it is of little value. The student, then, neither while attending lectures, nor while in his preceptor's office, is encouraged in anything like faithful and rigid study. Besides, there is no proper gradation in the instruction which he receives. There is no due preparation in the study of one department for the study of another; but all is acquired in a very loose and confused manner. This state of things, it is true, is obviated in a measure by the private schools for teaching medicine which are in operation in our cities. But comparatively few, however, avail themselves of the benefits of these schools, and most students are trained in the very lax mode which we have indicated.

In the study of every science, an active reception of knowledge should be encouraged in preference to a passive reception of it. But in the study of medicine, as generally pursued, the latter is encouraged in preference to the former. The mode of study during eight months of the year ordinarily invites to a listless and careless state of mind, and in the four remaining months the student's mind is subjected to such a crowd and pressure of instruction that its powers are wearied out, and almost paralyzed. The memory is taxed to the utmost, and there is little time for the exercise of the reflecting and reasoning powers. Such a mass of ill-digested knowledge, of course, in a short time produces satiety, and unfits the mind for anything like active exertion. Even if the student has, during the previous months spent in his preceptor's office, pursued his studies vigorously and systematically, his habits are entirely broken up by this passive and confused reception of such amounts of instruction; and, as he has little time to engage in that critical examination of subjects to which he has accustomed himself, he soon loses the habit of doing so, and loses with it some of that mental vigor which can be preserved and increased only by active exercise.

Great importance is commonly attached to the amount of knowledge communicated in lectures; and much has been said of the necessity of going over the whole ground in each branch of the science. In the opinion of the committee, the usefulness of lectures depends not so much upon the quantity of instruction given, as it does upon the habits of mind which the lecturer imparts to his auditors. If he infuses into their minds a spirit of critical investigation and accurate observation, even though he leave much of his range of subjects untouched, he will do more toward making them successful both in studying the science and in practicing the art of medicine, than he would if he should make them the passive recipients of all the knowledge which his branch includes.

Applying the principles which we have indicated to the question in regard to the length of the lecture term, which has been so often and so fully discussed, your committee would say that, if in lengthening the term from four to six months it is intended that an addition be made to the amount of instruction corresponding with the addition of time, the change will do harm. Four months is a period quite long enough for the student's mind to be made the passive recipient of such an abundance of knowledge. But, on the other hand, if no addition to the amount of instruction be contemplated, and the added time is to be employed in an active exercise of the mind of the student by examination on what he hears, then the change is a very valuable one. It will do much toward correcting the loose habits of thought and study which the present

mode of instruction in this country has so strong a tendency to induce in the mind of the medical student.

The lecture system of our medical schools differs very widely from that of the other professions. In the schools of law and theology there are commonly given only two lectures daily, while in the schools of medicine we have from four to six, or even seven. There is some ground, it is true, for the difference, because so large a portion of medical lectures is descriptive, and the mental powers of the audience are not, therefore, so severely taxed as in lectures upon law and theology. But still the difference is far greater than it should be. There is an important difference, also, in another respect. In medicine lecturing and teaching (in the strict sense of this last term) are for the most part separated; but in law and theology the two offices are combined.

Although, for obvious reasons, we can not adopt the plan pursued in the other professions in full, yet there should be some approach to it. Lecturing and teaching should, to a great extent, be combined. Every lecture should be made the subject of strict examination at each succeeding lecture, and the whole class should be required to submit to this examination. We need not enlarge upon the benefits which would result from such a course. Suffice it to say, that it is absolutely necessary in order to insure in the case of most students that active reception of knowledge which alone can make it practically their own. And even in the case of those who are disposed to be diligent, the advantages of such a course would be very great.

It may be objected that, when the class is very large, it would be exceedingly inconvenient to execute the plan which we propose. So, indeed, it would be; but it would not be an impossibility. However large a class may be, the plan can be carried into effect by dividing the class into several portions, which can be called up for examination at the will of the lecturer. Whatever difficulties may present themselves, and however great may be the labor which this measure may bring upon the professor, it is of so much importance that it should not be dispensed with in any case. If in any school the classes be so enormously large that, with the present corps of professors, the plan can not be properly carried out, the obvious remedy is to increase the number of professors, and thus divide the labor still farther than it is now done. If a class be large, it surely furnishes no excuse for the neglect of one of the most important means of securing to each member of it a thorough education.

This system of examination should be so far pursued, that something definite may be known of the relative standing of the various members of the class; and the lecturer should be able, on finishing his course, to select from the class those who are worthy of honors. And your committee are of the opinion that a system of honors, with a regular gradation, similar to that so universally employed in the literary institutions of our country, would be attended with beneficial results. Coupled with this, there should be prizes awarded for the best theses among those which are offered by the graduates at the examination for degrees.

It should be the object of the whole system of instruction to train the student to that earnest investigation of truth and accurate observation of phenomena which are so essential to the true success of the physician. And all the incentives which are necessary in such a training should be put into requisition. But, in the present state of things in our medical schools, these incentives to exertions are almost entirely neglected; and the only motives which induce the

student to desire anything more than a preparation barely sufficient to obtain his degree, are a sense of duty and a love for science. The spirit of emulation, so operative whenever it is used, is seldom appealed to and the excitement which always results from collision of mind with mind, is shut out from the lecture room. Even in those schools where examinations are practiced at all, so few of the students participate in them, and so little time is devoted to them, that they exert but a slight influence upon the class as a whole. It is no wonder then that listlessness and inattention mark so strongly the majority of the audiences in the lecture room.

But not only do the lecturers in our schools fail to discover what their classes know of what they hear, but ordinarily they do not even take the pains to ascertain whether the student is in any measure faithful in his attendance upon the lectures. Some plan should be adopted by which it can be known when a student frequently absents himself from the lecture room.

The same defect exists in all, or nearly all, of our schools, in regard to ascertaining the attendance of the student at the hospital, and in the dissecting-room. The evidences of his having made use of these opportunities should be demanded, and no degree should be granted in any case where they are not furnished.

The question whether a student has so improved his opportunities that he is prepared to practice medicine, and is therefore entitled to a degree, is left to be decided entirely by his final examination. And yet it is very obvious, that if the course of daily examination which we propose were pursued, and a record were kept by each professor of the standing of the students, as shown by this examination, this would supply a source of evidence in regard to the qualifications of each which would be of great value in determining whether he was worthy to receive a degree. With such a reliable source of evidence at our command, it certainly is wrong to rely wholly upon the evidence derived from a short examination at the conclusion of the student's course of study. And another consideration of great weight is that, if he knows that this daily examination is to have a bearing upon the final result, he will be constantly upon the alert lest this test, so frequently applied, should find him wanting.

Much has been said in regard to the manner in which the examinations of students for degrees are conducted. It has been insisted by some that they ought to be made entirely by those who have no interest in the schools, or in the fees which are paid by the graduates. Though we have great confidence in the honor of the professors in our schools as a body of men, it is not to be denied that in some of the schools the examinations have sometimes been a mere farce, and men have been dignified with the honorable title of M. D., who are totally unfit to practice the medical art. And this being the case with some schools, in the midst of the rivalry which exists, the tendency is to induce other schools to relax their rules in some measure; and the influence of this may extend even up to those which stand upon the most firm basis, quite above the fluctuating popular influences which are so much felt by schools that have not been long established. To guard against such abuses and such tendencies, it is the opinion of your committee that a plan which has been long in operation in Connecticut, and, we believe, in some other States, should be universally adopted, viz., that the examining board should be composed in part of the professors in the school in each case, and in part of censors appointed by the

Medical Society of the State in which the school is located. Such a plan would obviate the abuses to which we have referred and would also create a common bond of interest between the schools and the profession at large. We will not enter into the details of this plan, but we would merely suggest that, while the whole board should participate in the examination, the degrees should be granted only upon a vote of the censors, or that the censors should have the power of vetoing the vote of the professors.

If the examining boards were thus constituted, and if the plan of thorough daily examination were adopted, the "occupation" of that class of physicians, familiarly termed *grinders*, who are such a curse to the medical profession, would be gone. There is no one fact which indicates a low standard of education so strongly as the existence of such a class of men. Their office is not to teach the student the science of medicine, and to fit him for the practice of the art of healing, but simply to prepare him to go through successfully a certain examination, with the details of which they have become acquainted. The problem is to effect this preparation with the least possible amount of study, for which the indolent or pleasure-loving student pays a suitable fee. It is through the agency of such instructors that many a student is enabled to obtain a degree, when he has made but rare visits to the lecture room.

It is manifest that, as the examinations for degrees are ordinarily conducted, even when the professors act in good faith, a competent knowledge of the attainments of the candidate can not, in every case, be secured. With so short an examination as is required, accident in the selection of subjects for the examination, flippancy, self-possession, and the preparation of the "grinder," will sometimes obtain enough votes in the faculty to confer a degree which is not deserved. Against such a result the plan of examination and record which we propose is the best security. It is even better than a very thorough and lengthy final examination would be.

It is also manifest that the present mode of conducting examinations for degrees permits the practice of the grossest abuses, and that too with almost perfect impunity. There is little opportunity for detection and exposure. This being the case, the active rivalry existing between the schools has introduced a general laxness in these examinations, which has reached, in some degree, even the best and most firmly established institutions. The general current it is not easy to withstand, and policy dictates a yielding which a strict regard to honor and duty is not always able to resist.

The difficulty is made still worse by the fact that the schools are more numerous than the necessities of the community demand. The inevitable result is that there is a constant tendency to dishonorable competition, and the means which are sometimes resorted to in order to swell the number of students, are often such as to bring disgrace upon our profession. The self-laudation which is often practiced, and the inducements which are held out, resemble too much the advertisements and the tactics of quackery.

Still another difficulty presents itself in attempting a reformation of existing abuses. The schools are, most of them, under the control of corporations which are not in the least degree responsible to the medical profession. They are all independent bodies, and they pursue, of course, to a great extent, their separate and individual interests. No uniform plan or measure can be adopted, therefore, except by common consent. This we deem to be a radical error in

the organization of the medical schools in this country. They should be under the watch and care of the profession. *They should be its property.* They should be among its appliances for securing to the community a body of well-educated physicians, and should therefore be to some extent at least, under its control. The teachers in these schools should be placed there by the profession, and not by corporations that are incapable of judging of their qualifications. Such places of honor and trust should be in the gift of the profession, and should not be at the beck of popular favor. And no school should be established except when the necessity for its existence has been decided upon by the profession.

Exactly in what way a change shall be made which will effect all this we will not prescribe. We propose the whole subject to the consideration of the Association, and of the profession; and would only suggest that perhaps the best way to secure so desirable an object would be to have each school responsible to the medical society of the State in which it is located. The State Society also might decide as to the necessity for any new school whenever it should be proposed. And all vacant professorships should be filled by the profession, and one of the means of choice should be something similar to the French Concours. An end should be put to the getting up of schools to gratify private ambition, and to the bestowment of professorships by favoritism, or upon principles of bargain and sale for a certain amount of pecuniary risk in the enterprise. The temple of our science ought not thus to be made a house of merchandise.

As the result of the lax mode of procedure which marks the system of medical education in this country, the ranks of the profession are every where crowded. Statistics show this to be so. For example, in the city of New York, as stated by Dr. Stewart, in the report of 1849, there is one physician to every 500 persons. Deducting the one-fourth of these, who are attended gratuitously in one way and another, it leaves but 375 persons to each physician; and a portion of these employ empirics, or take quack medicines.

But the profession is not only crowded, but a large proportion of it is made up of unworthy and ignorant men. So easy is it to obtain a diploma, that mere adventurers in great numbers enter the halls of medical science, choosing medicine as a trade, and not as an honorable profession. Such are eager to finish their course of study in the shortest possible time, and are ready, when they have done so, to cope with the most diligent and accomplished of their compeers in the strife for the popular favor and patronage, having received the same honorable badge with them, and perhaps at the same institution. And even quacks, while engaged in the practice of quackery, have been known to receive diplomas from institutions whose representatives appear as delegates in this body.

The only way in which this enormous and motley influx into our profession can be prevented in future is by making a rigid course of training absolutely necessary to the attainment of a degree in all the schools in this country. And in this connexion we remark that the objection which is made to a proposed reduction of lecture fees, that it will promote this influx, is in our view groundless. No pecuniary restrictions will be adequate to prevent the evil; but our reliance must be placed upon the strictness of the training to which the stu-

dent should be subjected, and to the thoroughness of the tests which should be applied to decide upon his fitness for the responsible duties of the physician.

Having thus noticed, as briefly as we could, the defects existing in the system of medical education in this country, and observed their influence upon the general standard of education in the profession, let us now inquire why it is that such defects exist. Though they are, as we have seen, fruitful causes of evil results, they are in themselves results of still other causes. Let us inquire what these causes are.

The chief cause is not to be found in the science of medicine, nor in the profession, but in an influence of a strictly popular character. It is to be found in the fact that *a thorough education is not as essential to success in the medical as it is in the other professions*. We use the word *success*, of course, in its popular sense.

This fact exerts so great and so extensive an influence that we will dwell a little upon the evidences of its existence, and upon the manner in which it operates.

Education in the physician is practically despised by a large proportion of the community. Its evidences are either disregarded, or if they be examined at all, it is done in the loosest manner. None of those rigid rules are applied which are so commonly used in judging of the qualifications of men who are engaged in other occupations, even those of the most common character. More pains are often taken by men of reputed good sense in choosing a cook or a coachman than in choosing a physician. A practitioner of superficial talents and small acquirements often succeeds better, even among the intelligent and the learned, in the acquisition of business, than one who is endowed with high talents, and is possessed of extensive and hard-earned acquirements.

Every professional man has two kinds of reputation—a popular reputation, and a strictly professional one. In the professions of law and theology these two reputations commonly very nearly coincide. But not so in medicine. The physician may have a professional reputation of an exalted character—he may have the confidence of his brethren, not only as a man of talent, but as a judicious and skillful practitioner, to a very high degree; and yet his popular reputation may be far below that of some superficial but fashionable physician, or even some shallow but showy pretender. Contrasts of this kind are to be seen in great abundance among the practitioners of medicine. But it is not so with the theological or with the legal profession. No lawyer possessed of small abilities, and destitute of the respect of his brethren, can have a high standing with the community. In the legal profession, strictly professional reputation has a great and manifest bearing upon popular reputation. But it does not necessarily in the medical profession. It may have in some favored localities; but generally the physician's popular reputation, and with it his pecuniary emolument, are quite independent of the standing which he holds among his brethren. In our large cities there are great numbers of physicians experiencing the *res angusta domi*, and some of them the sufferings of pinching poverty, who have an amount of talent and good sense which in any other profession would have insured them success. And side by side with them there are many of their brethren, enjoying a large practice and a high reputation with the people, whose talents are so superficial, and whose real attainments are so limited, that, if they were brought to such tests as are openly applied in

the practice of the legal profession, they would sink below mediocrity in the public estimation. It is even worse than this. To say nothing of the success of the undisguised quack, the accomplished and high-minded physician, devoted with his whole soul to the interests of science and humanity, while he struggles with care and debt, is obliged often to look out from the loop-hole of his retreat upon some plausible pretender, perhaps a renegade from our own ranks, surrounded with wealth, and the favorite not only of fashion, but often of intelligence also.

Let us look now at the influence of such a state of things upon the character and attainments of our profession.

The motives which prompt the professional man, both in his studies and in active life, to fit himself thoroughly for the performance of his duties, are of two kinds—those which exist within himself, and those which come from without. The motives of the first class are, the love of science, the sense of responsibility, and a laudable desire for true eminence. The extraneous motives depend, for the most part, upon the condition of public sentiment. And such is the present state of public sentiment in regard to physicians—so uncertain are talent and acquirement to obtain their due reward, that both the medical student and the physician are left very much to the operation of the first class of motives alone. But even this is not the worst of the case. The motives which come from without are not merely feeble in their influence, but many of them are powerful for evil. They are constantly tempting the medical man to disregard the higher motives within, and to aim at acquiring a simply popular reputation irrespective of merit. And so strong is the influence of these motives, that the strictly honorable physician maintains his honor and integrity only by a constant struggle against sore temptation; and a large proportion of practitioners in good standing yield more or less to the temptation, as a policy made necessary, as they think, by the state of public sentiment, and expend much of those energies which are all needed in the prosecution of the science, and in the care of the sick, upon the practice of arts akin to those which secure popular favor and pecuniary reward to the quack and the pretender.

Occasionally, it is true, the physician appears to stand upon an eminence quite above the influences of which we have spoken. But this is seldom seen, except when to talents of a high order there are added favorable circumstances of an extraneous character. The remark of Lord Bacon—"He that is only real had need have exceeding great parts of virtue, as the stone had need be rich that is set without foil," is especially applicable to medical men. And no where can the foil be used to so great purpose as in the practice of medicine. Often the most worthless imitations, the veriest pastes of empiricism, pass current as richest gems of talent and wisdom.

The tendencies which we have developed in the above remarks exert their influence upon the whole profession—upon the practitioner, upon the student, upon the schools; and even the professors are not upon an elevation so high that it can not reach them. The general standard of education and attainment has received its character and complexion, to a very great extent, from this influence.

There is one fact, to which we will call your attention in this connexion, that merits the most serious consideration. We refer to the fact that very little of the educated talent of this country finds its way into the medical profession

This we have verified by statistics. But a small proportion of the graduates of our literary institutions, we find, enter the medical profession, in comparison with those who enter the professions of law and divinity. The statistics upon which this statement is based we have gathered from eight colleges in different parts of our country, viz., Harvard, Yale, Dartmouth, Brown, Princeton, Union, Amherst, and Hamilton Colleges. In no case have we gone farther back than the year 1800, because there were very few medical schools in existence before that period. We have taken the triennial catalogues of these eight colleges, and, beginning with the first year of the present century, have extended our calculations over a space of about forty-five years. Our statistics include 12,400 graduates. Of these 934, that is, only one in thirteen and a quarter, have become physicians; while 3,211, that is, one in three and four-fifths, have entered the clerical profession. The exact number of those who have chosen the profession of law we are not able to ascertain, because they are not distinguished by any mark from the other graduates; but we are satisfied, from the facts which we have been able to gather on this point, that the proportion is quite as great as that of those who have entered the clerical profession.*

The reason of the fact which these statistics establish is that *talent is not so sure of its reward in the medical as it is in the other professions*. This explanation, we allow, can not apply to the clerical profession to its full extent, because higher motives than those of ambition are made very prominent in inducing men to enter that profession. But it certainly does apply most fully to the profession of law in comparison with that of medicine.

But there is another fact which at first view seems to be at variance with our explanation of the great fact developed by these statistics. We refer to the fact, of which there is abundance of proof, that the medical profession receives its full share of the *uneducated* talent of the country. If we examine, however, the bearing of this fact, we shall see that, instead of its being inconsistent with our view of the subject, it confirms its truth. While educated talent has been tested, and has ascertained its relative standing, perhaps in the palpable shape of honors, it is far otherwise with uneducated talent. Knowing not its powers, and having never received any rewards of its efforts, it is not so calculating and

* The differences in the results of the statistics of the several colleges, whose catalogues we have examined, are interesting, as showing the influence of various circumstances upon the choice of a profession. We subjoin these results without comment. In Harvard College one in seven and one-third choose medicine, one in six and five-sixths choose divinity—in Yale, one in fourteen and seven-tenths medicine, one in three and seven-tenths divinity—in Brown, one in nine and a half medicine, one in two and a half divinity—in Dartmouth one in eighteen and a half medicine, one in three and seven-tenths divinity—in Princeton, one in sixteen medicine, one in six and one-third divinity—in Union, one in thirty-four and a half medicine, one in three and four-fifths divinity—in Hamilton, one in sixteen and three-fifths medicine, one in two and three-fifths divinity—in Amherst, one in eighteen medicine, one in two divinity.

We are aware that these statistics are not strictly correct. In making up the triennial catalogues, the profession which is chosen by the graduates is not in every instance ascertained. Still the omissions from this cause, we are satisfied, are not sufficient to affect materially the general result at which we have arrived. The defect is probably greater in the case of Union College than in any other, in relation to those who are designated as having chosen the medical profession.

far-sighted on these points, and more readily follows where inclination and taste lead it. And as the door of the medical profession is widely opened, and as uneducated talent sees that it can cope with educated talent with more hope of success than it can in other fields of effort, it is attracted more largely to this than it is to the other professions.

But we have other statistics which reveal a fact confirmatory of the view which we have given of this subject. We have found that of those who have received honors in our colleges, the proportion that has entered the medical profession is smaller than that which has entered it from the whole body of graduates. Thus in Harvard, while one in seven and one-third of the graduates has become a physician, but one in eleven and a half of the members of the Phi Beta Kappa Society (which generally comprises the best third of each class in point of talent and acquirement) has chosen our profession. In Yale College, also, our profession was chosen by one in about fourteen and a half of all the graduates, but by only one in eighteen and a quarter of the members of the Phi Beta Kappa Society. And of 333 who took the highest honors in twenty-three classes, but one in thirty and a half became a physician—showing that the more we sift the classes in our colleges in regard to talent, the less is the proportion of those who enter the medical profession. A similar result is found in the statistics of Hamilton College. While the medical profession was chosen by one in sixteen and three-fifths of the graduates as a body, it was chosen by only one in twenty-five of those who won the honors in the several classes of that institution.

The import of the state of things developed by the above statistics is augmented by the fact that the medical profession embraces a much larger body of men than either of the other professions. Even if the number of educated men who become physicians was equal to the number of those who choose the profession of law or divinity, the proportion of educated to uneducated talent would be much less in the medical than in the other professions.

The national literature of our profession is impressed with the great fact that uneducated predominates very largely over educated talent among medical men in this country. While there is no lack of energy or fruitfulness, there is a great want of chasteness of style and of correctness in reasoning. There is an abundance of loose observation, and careless inferences, and ingenious but useless theorizing; for untrained minds are apt to speculate, and to be fond of mere illustration and analogy in place of argument. Our literature shows great need of such searching criticisms as are made in the Report of 1848 on Medical Literature, by Dr. Holmes, and of such wise counsels as are given in that of 1950 from the pen of Dr. Stillé.

Such being the condition of the medical profession in this country, and such being the influences which tend to depress its standard of education and attainment, it becomes an important inquiry for us to consider by what means this state of things is to be remedied.

These means or measures divide themselves into three classes:—

1st. Those which aim at remedying the defects existing in the modes of education.

2d. Those which aim at a reform in the spirit and practices of the profession.

3d. Those which are designed to produce a similar reform in the spirit and practices of the community at large, in relation to the medical profession.

The first class of means have already been considered, in treating of the defects and abuses which appear in our mode of education. And we would simply remark here, that although great changes are required in order to remove all these defects and abuses, they must be for the most part gradually introduced. Any precipitate movements will be disastrous. Let there be the utmost freedom of suggestion and discussion, to prepare the way for one change after another; but let no movement be made which can not be sustained by the public sentiment of the profession. Dissatisfaction is sometimes expressed when there are no positive marks of advance in the action of this Association. But it should be remembered that there is a real advance continually resulting from the very agitation of the subjects which are discussed, and that any positive acts on our part are not so much causes, as they are evidences of such advance. The impatient reformer must wait a little, and he will see that the many minds which are thinking and speaking not only here, but in the multitude of subordinate associations and smaller accidental circles throughout our land, are not thinking and speaking in vain. The results in due time will come.

In regard to the second and third classes of measures, we remark that there is much in common between them, and that they must exert a great influence upon each other. Reform in the profession, therefore, must go hand in hand with reform in the community. It is in vain to expect that the public will give up its quackery while the profession hold on to theirs. That the spirit of quackery does exist in the medical profession to a lamentable degree, there is abundant evidence in the abuses which it has engendered. And an inquiry into the measures which should be adopted for the removal of these abuses is not only pertinent to the subject of medical education, but is absolutely essential to the development of some of the most important means of raising the standard of education and attainment in our profession. This standard, and the standard of professional honor and morality, are to a great extent mutually dependent, especially where the voluntary principle has so much influence as it has in this country. The moral and intellectual conditions of the profession must in the nature of the case very nearly correspond, and an examination of the facts in any community will furnish conclusive evidence that they do.

With these preliminary remarks we proceed to notice the second class of measures, viz., those which aim at a reform in the spirit and practices of the profession.

One of the means of removing the abuses which exist in our profession is to expose and attack them. While this should be done thoroughly and fearlessly, it should also be done with a candid and conservative spirit. Any exposure of these abuses which is made with a wrong spirit does harm. It may furnish the material of racy and interesting articles, which may gratify curiosity and the love of tattle, and may be very acceptable to the rivals of those who are attacked; but they hinder rather than advance the progress of true reform. The spirit which dictates such exposures is counter to that spirit which alone can renovate and improve. It is as true of medical as it is of other reforms, that there are some reformers who are in abundant need of being reformed themselves.

We are aware that exposures of abuses prevailing among medical men are eagerly sought for by the enemies of our profession, and are industriously used in the war of radicalism which they wage against it. But this should not induce us to abandon altogether so effectual a means of reform as such exposures furnish us, but it should serve to teach us caution in the manner in which we make them. The fact that unguarded and unnecessary exposures do harm is no reason for an entire concealment of existing abuses. Though with the utmost caution it is impossible wholly to prevent misapplications and misinterpretations on the part of our enemies, this clearly should not deter us from an honest and candid performance of our duty. It is an unwise policy for our profession to forfeit, by an uncandid course, the esteem and confidence of the community, from the fear that what we may say of ourselves may be occasionally used as weapons against us.

Another means of removing the abuses existing in the profession is to apply to them a wholesome discipline. This is not a remedy which should be often applied. The attempt to do so would keep the profession in a constant wrangle. But plain and notorious cases ought not to pass unnoticed, as they now very commonly do. The physician who practices the arts of the quack ought not to be permitted to retain his standing in the profession. An example should certainly be made of all such cases.

But the chief means of removing abuses which we have in our hands is *the influence that can be exerted through the organizations of the profession*. This influence is of a compound character—social, moral, and scientific. And these three classes of interests in which this influence is seen are by no means independent of each other; but the social privileges and the professional virtues of medical men have, as we have already hinted in another connection, an important bearing upon their scientific attainments and character.

These organizations are as yet very imperfect, and are, therefore, comparatively inefficient. We do not yet know how much good they can be made to accomplish. Many express themselves skeptically in relation to their usefulness, and are reluctant to meet even the small expense which is needed to sustain them. But the amount of good which results from them even in their present imperfect state is very great, and can only be estimated by comparison with those communities where no such organizations exist. And when they shall be perfected, the extent and value of their influence will be incalculable.

The voluntary principle imparts great power to associated action. These organizations are, therefore, to do a peculiarly important work for the profession in this country. But, in order to do this, they need to be systematized, and the members of the profession must be brought more generally and thoroughly under their influence. At present, the great mass of the profession have little else than a nominal connection with these associations. All the efficiency which they have depends upon the action of a few individuals, who are willing to sacrifice time and labor for the general welfare, in face of obstacles, and that worst of all discouragements, the chilling influence of prevailing indifference. And their efforts are too much confined to the larger associations. There are comparatively few town associations, although with small libraries and the periodicals, and occasional meetings at once of a social, festive, and scientific character, such associations would do vast good not only within their limited circles of influence, but to the whole body of the profession. They

would give life and efficiency to the larger associations; and not only so, but in giving they would also receive.

Cities are great centers of influence in medicine, as well as in every other department of knowledge and effort. Weighty responsibilities, therefore, rest upon medical men in our cities. With them associated action, so powerful for good or for evil, should be made as general and as perfect as possible. It should not be left to small voluntary associations. These do good; but the good which they do is limited, and it is marred by abuses which are inevitable accompaniments of such narrow action. Cliquism is apt to creep in, and it sometimes exerts so deleterious an influence that many condemn such associations altogether upon this ground. But even cliques are better than an utter absence of association. They do more good than harm; and the harm which they do is generally, in a great measure, neutralized by the influence of counter-cliques. If a general and thorough system of associations were in full operation, the strictly voluntary associations, or clubs, would be more purely subservient to the common interest of the profession than they now are, because their liability to abuse would be very much obviated.

In every large city there should be one general association, with subordinate ones in the different districts into which the city should be divided, bearing such relation to the general association as county societies bear to state societies. These associations should be so regulated, and such efficiency should be given to them, that it would be for the interest of every physician to be a faithful member, if he wished to maintain a respectable standing with the profession and with the community. And if this were the case, men whose success results from dishonorable and quackish arts could not continue, as they now often do as a measure of policy, a merely nominal connection with the associations of the profession, but they would be obliged to take their proper place in the ranks of undisguised quackery.

Association is the great means of creating and bringing into action a sound public sentiment among medical men. It, therefore, gives power to professional influences, and neutralizes those popular influences which tend to corrupt the honor of the physician, and to depress the standard of professional attainment. Knowing this, the practitioner, whose chief object is to obtain a merely popular reputation, as the means of pecuniary advancement, withdraws himself from the broad basis of association with the profession. If he does not stand wholly aloof, his connection with our organizations, which is at best but a loose one, is regulated entirely by the principles of cliquism, or is, perhaps, a mere feint to enable him to practice the more secretly, and, therefore, the more effectually, the arts and tricks of the charlatan.

The social influences of association are not among its smallest benefits. Individualism is almost an essential element of the jealousies, and quarrels, and bickerings, which have so often brought contempt upon our profession. And, on the other hand, these have no better cure, or rather preventive, than is to be found in what may be termed a scientific socialism. If physicians meet together for mutual improvement, even though the discussions be sometimes warm, and the war of opinions be vigorous and obstinate, a friendly feeling will bear rule, especially if the festive board be spread; and an influence will be left which can not be destroyed when each returns again to his own individual sphere of action. This continued influence of frequently recurring seasons of

mutual improvement and enjoyment fortifies against the temptations to a dishonorable competition, which an uninterrupted individualism is so apt to engender among medical men.

It is by no means a small consideration, in estimating the value of association, that it wins for the profession the esteem and confidence of the public. The union of men for scientific purposes always does this. And there is nothing which has done so much to weaken the confidence of the community in the medical profession as the jealousies and dissensions which have grown out of a selfish and narrow individualism.

Such being the advantages of association in our profession, it is the duty of every physician to do all that he can to give to our organizations character and efficiency. If all who desire that the standard of medical character and attainment be raised, would turn their influence into this channel, a great change would at once be effected in the condition of the profession in this country. The demi-quacks, who so much disgrace our profession in the eyes of the public, would be driven from our ranks. Public sentiment, both among medical men and in the community at large, would be renovated; and consequently the value of professional reputation would rise, while that of a merely popular one would fall, even as a source of emolument. A reform in our systems of education would be vigorously prosecuted, and our schools would cease to send forth such numbers, as some of them now do, of unqualified physicians, to give currency to error and delusion in medicine, to destroy health and life, and to bring contempt upon our noble science. The medical literature of our country would be transformed by the change. It would be purified in correspondence with the improvement in the education of the profession, and it would be enriched by the vast resources of knowledge and experience, which would be gathered in by the multitudes of associations all over our Union.

Such being the value of a well organized and efficient system of associations, the establishment of this National Association may well be regarded as an era in the history of medicine in this country. This great congress of our profession gathers and distributes influences which are molding the medical character, and effecting the interests of medical science in every part of our land. And it has so awakened the attention of medical men to the whole subject of associated action, that there is a general movement in relation to it in the whole body of the profession. New associations are continually forming, and those which have been long established have a new life and greater efficiency.

In connection with the subject of organizations, it becomes an interesting inquiry, what should be the *legal* position of the profession. It is manifest that it can not be the same in this country that it is in some other countries. It must be conformed to the genius of our institutions. It must recognize most fully the voluntary principle. Any plan that does not recognize this can not succeed. It is in vain to attempt the enforcement of any direct legal restrictions upon the people in regard to medicines; if they choose quacks and quackery, no law which would forbid such choice can stand in this country.

That there should be some laws in relation to the medical profession there is no question. But the ideas which are commonly entertained in regard to the scope and object of these laws, are somewhat indefinite even among medical men. In the opinion of the committee the object of these laws should be simply this—to give protection to those measures which are calculated to secure to the

community a well-educated body of physicians. Everything inconsistent with the attainment of this object should be discarded. No class of physicians, professedly and exclusively devoted to any system of opinions and practice, should as such receive such protection. The medical profession should be a single body of men without any prescribed set of opinions. And the ground of admission to their ranks should have no reference to opinions; but there should be the greatest latitude in this respect. Character and education should furnish the only basis of membership.

We are persuaded that, if the profession as a whole should take this view of the subject, we should stand in a much better position before the public than we now do. We should then be able to propose to the community the question, clean and stripped of all incidental and embarrassing considerations, whether they would sustain an educated or an uneducated profession. We should stand simply and clearly upon our merits in this respect, and should command the respect and confidence of the great majority of the community. But, whenever other grounds are taken, and opinions are made in any degree the basis of admission or expulsion, we lose this respect and confidence, for we enter into competition with opinionists of every grade, and upon their own level. At this moment, the strife between the regular profession and other self-constituted medical bodies, is regarded by even sensible men in the community as being for the most part a war of opinions. And some ground is given them for this view of the subject, by occasional acts by individuals, or even by some of our associations.

Homeopaths, and other irregular practitioners, desire to perpetuate this state of things. They aim continually, in book, pamphlet, and conversation, to make the impressions which are requisite to keep up this false issue, that is so favorable to their interests. Homeopaths would have the public believe that the contest between them and Allopaths (as they are pleased to style us) is between two different classes or sects of educated physicians, and simply in regard to doctrines and opinions. And it is for this purpose that they establish their societies and schools of medicine. This movement is all for mere show, and has not originated in any belief that education is needed to prepare men for the practice of Homeopathy. It is a well-known fact that the great majority of Homeopathic physicians are uneducated men, or at least men who are very partially educated, and the shrewd among the adherents of this system know that the uninitiated, furnished with box and pamphlet, are as well qualified to practice it as they themselves are.

If we are correct in our positions, the grounds upon which the granting of charters to Homeopathic, Thompsonian, Eclectic, and other so-called medical institutions, has been opposed by the profession, have not always been tenable. Such applications should be opposed distinctly, and only, upon the ground that such institutions interfere with that system of education which secures to the community a body of well-qualified physicians; and not at all upon the ground that errors dangerous to the community will be taught in them. The institutions of the regular profession itself are by no means free from error, and sometimes enormous and dangerous errors have been taught within their walls. And if error be taken as the ground of exclusion from privilege, where, we ask, shall the line be drawn? Who shall say what amount or kind of error shall be the ground of exclusion?

We are aware that a different view has been taken of this subject by some medical bodies in relation to Homeopaths. Some physicians, who have avowed their conversion to Homeopathy, have been excluded from the ranks of the profession simply for that reason. We find no fault with the exclusion, but only with the grounds upon which it was done. They should have been excluded, not for their opinions, but for misdemeanors. Any act by which they associate with the common herd of Homeopathic practitioners is a misdemeanor, which is a proper ground of expulsion. And it is so, because it casts contempt upon the necessity of those measures and provisions which secure to the community a well-educated medical profession, and not because it gives countenance to a destructive error.

If the profession should take the position in regard to this whole subject that we have indicated, the plain argument against the granting of charters to irregular and sectarian medical institutions would be this: that, there being no restriction in the profession in regard to opinions, all new doctrines can be freely canvassed, and if they have any show of reasonableness they will find advocates among medical men, and will become subjects of discussion in the schools, and that, therefore, it is wholly unnecessary to establish any new school in order to give them a fair chance of being propagated. The alleged necessity for such a measure in the case of any new doctrine, it could be most clearly claimed, is good proof that it has no foundation in truth, and is wholly a delusion. An appeal might be made to the whole history of medicine to show this to be true. It could be shown that no doctrine which has contained even the smallest modicum of truth has failed to find advocates in the profession, and to obtain some lodgment for a time in some of the schools of medicine.

If this ground should be distinctly and firmly taken by the great body of medical men, we should then stand before our legislatures and the community upon a basis which would commend itself to the judgment of every reasonable man. But any act, on the part of physicians, which trenches in any degree upon freedom of opinion, prevents our holding successfully this broad ground before the public. Such acts are a great source of embarrassment to the profession whenever we oppose the granting of charters to irregular schools of medicine. To make this opposition effectual, it is essential that we be able to show to the community that the profession, as a body, stand upon the basis which we have indicated. And the committee, therefore, commend this subject to the attention of the profession throughout our country, that the principles which should govern our action in relation to it may be definitely understood and established.

There is one legal provision that was once in force in some of the States, but is now abolished in most if not all of them, which deserves a passing remark. We refer to that provision which gave to regularly licensed practitioners the exclusive privilege of collecting their fees by law. This privilege, once so much prized by some, we consider to be of no real value to the profession. It is a mere pecuniary distinction; and while it confers at best but a doubtful benefit, it has no influence in winning for the profession the esteem and confidence of the public, and supplies a fruitful theme for the noisy declamation of patriotic and benevolent haters of monopolies. The only distinction which the

profession should desire, or should seek on the ground of policy, is that which is based upon a thorough system of education.

It remains for us to consider the third class of means to be employed in remedying that state of things which tends to depress the standard of medical education, viz., those which aim at producing a change in the public sentiment in relation to our profession. On this subject we must be very brief.

There is some difference of opinion among medical men in regard to the propriety of using the means to which we refer. Some think that the propensity to error and to quackery in the community had better be left to itself, and that it is in vain to attempt to deliver the dupes of medical delusions from their errors by the force of argument. This opinion is very distinctly enunciated in the Report on Medical Literature of last year, from the pen of Dr. Stillé. The opinion we allow to be well founded in regard to those who are the confirmed dupes of quackery. No reasoning will ever reclaim them. Nothing short of a radical change in their habits of mind will do it. But it must be remembered that such constitute only a minority of the vast numbers in the community who lend their influence to the multitudinous forms of quackery, in opposition to a well educated profession. The great majority of these are not men who are thoroughly imbued with the spirit of delusion; but they are more or less rational in their views, and their minds can be influenced by reasoning in relation to medicine. And the countenance which most of them give to empiricism is only occasionally given, and is at variance with their general course of conduct.

It is among this large floating class of the patrons of quackery that we may hope to produce a salutary impression in favor of rational medicine and an educated profession. The importance of doing this may be learned from the fact that the opinions of this class of men go far toward constituting that public sentiment which has so deleterious an influence in depressing the standard of medical attainment and education. Among them are many men from all classes of society, of acknowledged good sense and discrimination, who, for reasons which it is not necessary here to give, are deceived and deluded especially on the particular subject of medicine. It is these men of influence, in the various circles of society, whose opinions it is important to change, and we believe that with the use of the proper means it can be done.

The only way to remove the errors of this large class of the community is that old and homely way so effective in removing error on other subjects—the presentation of truth. This is to be done in conversation, by articles in popular periodicals, and by books. Each physician can do much by conversation with intelligent men in his own individual circle. If a general effort of this kind were made throughout the profession, in connection with the circulation of books of a proper character, a great change might at once be produced in the public sentiment. But the effort must be made in the right spirit. Ill-natured attacks upon quackery do no good. Railing never convinced any man of his error. Confidence in the power of truth, and charity toward the common propensity of the human mind to err, should teach physicians patience in their attempts to convince their fellow-men of their errors on so abstruse a subject as medicine. The lesson of patience will be the better learned, if we remember that most of the popular medical errors had a common origin with some

that have prevailed among medical men, and that not a few took their rise first in the profession, and afterward spread among the people. And we should also remember that no attempt at a reform in the public sentiment of the community at large can be successful, unless it be accompanied with a corresponding reform in the public sentiment, and consequently in the practices, of the profession itself. The delusions and the quackeries which exist among medical men are the chief obstacles to the removal of those which prevail in the community.

We have thus given a general view of the causes of the low standard of medical education and attainment in this country, and of the means which should be employed in counteracting their influence, or in removing them. Too much importance, we think, has been generally attached to those means which are direct, and too little to those which are indirect in their application. Though these latter have been very commonly lost sight of, we deem them to be quite as essential as the former, in a system of efforts for the improvement of our profession. Believing that free discussion is one of the prominent means of removing abuses and promoting advancement, we have expressed our views in this report with all plainness and freedom. While we have done so, we have endeavored to avoid all over-statement and embellishment, and to present the truth on every point exactly as it is. We ask for these views a candid and faithful examination from the profession, and we can not but indulge the hope that they will meet with a hearty response in all parts of our country, and that the measures which we recommend will be zealously and perseveringly prosecuted.

As a summary of the principal views presented in this Report, the Committee offer for your consideration the following resolutions:—

Resolved, That the abuses which exist in the modes of medical education pursued in this country demand the serious consideration of the profession.

Resolved, That free discussion in relation to these abuses and their causes is an important means of effecting their removal.

Resolved, That, in the opinion of this Association, no effort to remove these abuses can succeed that is not based upon a reform in the public sentiment both of the profession and of the community.

Resolved, That this reform, so far as the profession is concerned, is to be effected mainly through its organizations, and that it is therefore incumbent upon every physician to do all that he can to give them character and efficiency.

Resolved, That this Association have confidence in all proper efforts which have for their object a reform in the sentiments and practice of the community in relation to medicine and the medical profession.

Resolved, That the recommendations of this Association at its former meetings in regard to education, both preliminary and medical, be reaffirmed, and that both the schools and private preceptors be still urged so to do their duty as to secure to the community a well educated profession.

Resolved, That, in the work of medical reform, while all precipitate movements should be avoided, we should aim at a steady advance from year to year till a thorough system of education be established by the profession throughout our country.

Report of the Committee on Medical Education in relation to "Demonstrative Midwifery."

At the last meeting of the Association, there was referred to the consideration of this Committee a subject which has recently excited much interest throughout the profession in this country, and upon which there has been much difference of opinion. We allude to what has been termed Demonstrative Midwifery.

Though the committee think that the examination of this subject could have been made thoroughly and satisfactorily in the journals of the profession, and that its reference to us was therefore unnecessary; and though we have felt from the first that, if referred at all, it should have been referred to the Committee on Obstetrics; yet, in obedience to the direction of the Association, we have prepared our views in regard to it, and are ready to present them. We ask, however, that it may be done as a special report by itself. The main report has, in its view of the general subject of medical education, a unity and completeness which would be impaired by the introduction of a matter that is incongruous and irrelevant to its scope and design.

As the reference of this subject to the Committee grew out of the course which had recently been pursued in one of our medical schools in teaching midwifery, it will be proper to present the facts of the case before we proceed to state the rules by which we think that the practice of teachers in this branch of medicine should be governed.

The professor of Midwifery in the Buffalo Medical College introduced a pregnant woman into the family of the janitor, a short time previous to her confinement, for the purposes of instruction in obstetrics to the graduating class. It is proper to state that all that was done in the case was with the free consent of the woman herself. She was examined with the stethoscope, and the position of the child was thus ascertained previous to the occurrence of the labor. When the labor took place, the graduating class, numbering about twenty, were assembled in an adjoining room, and during the process one after another was admitted singly to the sick room, and made an examination by the touch, under the direction of the professor. When the labor was about to terminate, the class were called into the room, and, as the head emerged from the os externum, the clothes were raised, so that this concluding part of the process was made visible to the class.

The statements of the witnesses differ somewhat as to the amount of the exposure; but this is not a very important point. The great question which has been the subject of discussion has been whether there should have been any exposure at all. Those who advocate its necessity consider it of so much importance in clinical instruction in obstetrics, that they speak of it as constituting a new era in the teaching of this branch of our art in this country, and have given to this new mode the name of Demonstrative Midwifery. And, on the other hand, those who are opposed to it are very positive in the opinion that there is no need of such exposure, and that this new mode is wholly an unnecessary, and therefore an improper innovation.

It is to be regretted that this subject has been brought at all upon the popular arena. It is wholly a professional question, and should be discussed by the profession in a calm, considerate, and dignified manner. It is no subject for

newspaper warfare, nor for a warfare in medical journals in newspaper style. No aspersions should be cast upon the motives of the parties interested. A distinction should always be made between those who honestly differ in opinion from their brethren, and those who are governed by the base motives of the mercenary charlatan; and also between those who oppose practices which they think to be improper, with sincere, though perhaps too ardent zeal, and those who do this from a malicious or meddling spirit. The committee have endeavored to withdraw themselves from the contending currents of popular feeling, and to look upon the subject in all its bearings with candor, and they hope that the results of the consideration which they have given to it will commend themselves to the judgment of the whole profession.

We will first remark upon some of the general principles which relate to the subject, and then apply them to the particular case before us.

It is a false, though very prevalent idea, that a sacrifice of modesty is required on the part of females in the treatment of many cases of disease. When woman commits her whole case to the care of an intelligent and honorable physician, submitting to whatever measures may be necessary for the due investigation and for the cure of her malady, she makes no surrender of a virtuous and rational modesty. The daily experience both of physicians and patients proves this to be true. For, whatever measures may be requisite, there is nothing that transpires, in the confidence of professional intercourse, that mars in the least that mutual respect which is the basis of usefulness and enjoyment in the common social intercourse of life, unless measures be employed that are unnecessary. It is only in such a case that there must be on the part of the patient a sacrifice of modesty, or an exhibition of shamelessness. The very idea that a measure is necessary, and that its use must be yielded to as a matter of duty, precludes the idea that it is immodest. The experience of every virtuous patient testifies to the truth of this statement.

Another very common error on this subject is to attach the idea of indelicacy especially to the use of the sense of sight, in distinction from the use of the sense of touch. The use of neither sense is indelicate when it is necessary, and the use of the touch is just as indelicate as that of the sight, whenever it is not needed in the treatment of the case in hand.

The same principles which apply to the practice of medicine apply also to the instruction of students in preparing them for practice. Whatever measures are necessary for this purpose involve no transgression of the principles of modesty and propriety.

The simple question then to be decided is, whether the mode of instruction developed to us in the case before us, and styled by its advocates demonstrative midwifery, is necessary in the preparation of students for practice. To decide this question, let us look at the advantages which have been claimed to belong to this mode of instruction.

It can not be pretended, and we believe is not by any one, that anything can be learned by the sight up to the moment of the completion of the labor. All before that must necessarily be learned by the touch alone.

There are four advantages claimed to attend an exposure to the sight of the conclusion of the process of labor. We will notice each of these separately:—

1st. The student sees the manner in which the head of the child, or whatever part presents, emerges from the os externum. All that is of practical use in regard to this can be so well learned from descriptions and plates, and from

exhibitions on the machines commonly used in the lecture room, that there is clearly no need of an exhibition of the living subject to prepare the student on this point for practice. And whatever he does not learn in regard to it by these means, can be learned by the touch in the first case upon which he is called to attend. No practitioner ever had any desire to see the presenting part emerge under the arch of the pubis for any additional knowledge that might be gained by such an exposure.

2d. By an exposure of the parts to the sight at the conclusion the labor, the student is impressed with the importance of supporting the perineum. On this point we simply remark that, if any student can not be properly impressed with the importance of this act by the teachings of his preceptor without ocular demonstration, he has too dull an appreciation of truth and responsibility to take upon himself the office of a physician.

3d. The exposure contended for shows the student the manner in which the perineum should be supported. In learning how to do a manual operation, which, when learned, is to be done without the guidance of sight, the use of sight is not needed except when the operation is a difficult or complicated one. That supporting the perineum is an operation of this character, can not be pretended. It is about as simple an act as can be conceived of, and the student who needs the aid of his eyes to learn how to do it had better retire at once to some occupation which requires less tact and talent than the practice of medicine. In the case before us, the accoucheur used a napkin, which, unless it was very adroitly managed, must have prevented the twenty spectators from seeing very distinctly the exact manner in which he supported the perineum.

4th. This exposure verified, to the satisfaction of the students, the diagnosis of the professor in regard to the position of the child. But a resort to such evidence for this purpose is certainly unnecessary. The diagnosis can be verified by the touch on the part of the student during the progress of the labor; or it can be taken at the word of the professor, which ought to be satisfactory.

Granting all that can be claimed with any plausibility for the advantages mentioned, they are not of sufficient value to make it proper that woman in the hour of her extremity should be made the subject of a public exhibition.

But we not only object to the mode of instruction, adopted in the plan at Buffalo, as unnecessary, but we object to it, also, as being utterly *incompetent to give the student that knowledge which he needs in the practice of obstetrics*. It can not take place at all of what may properly be termed Clinical Instruction in Midwifery. A single hasty examination by the touch in the course of the labor, and a view of the conclusion of the process, can supply the student with but a very small part of that practical knowledge which he needs when he comes to take charge of patients upon his own responsibility alone. This knowledge he can obtain effectually only by taking the care of cases of midwifery during his pupilage under the supervision of his preceptor. A single case, thus managed, will teach him more than a multitude of such exposures as that which was made in the Buffalo Medical College possibly could do.

The whole subject of the relation of the profession to woman is one of great interest. And it will not be deemed improper, if the committee apply the principles which they have laid down, to other practices besides that which has been especially referred to them for their consideration. The confidential relation existing between woman and our profession, so essential to the full and

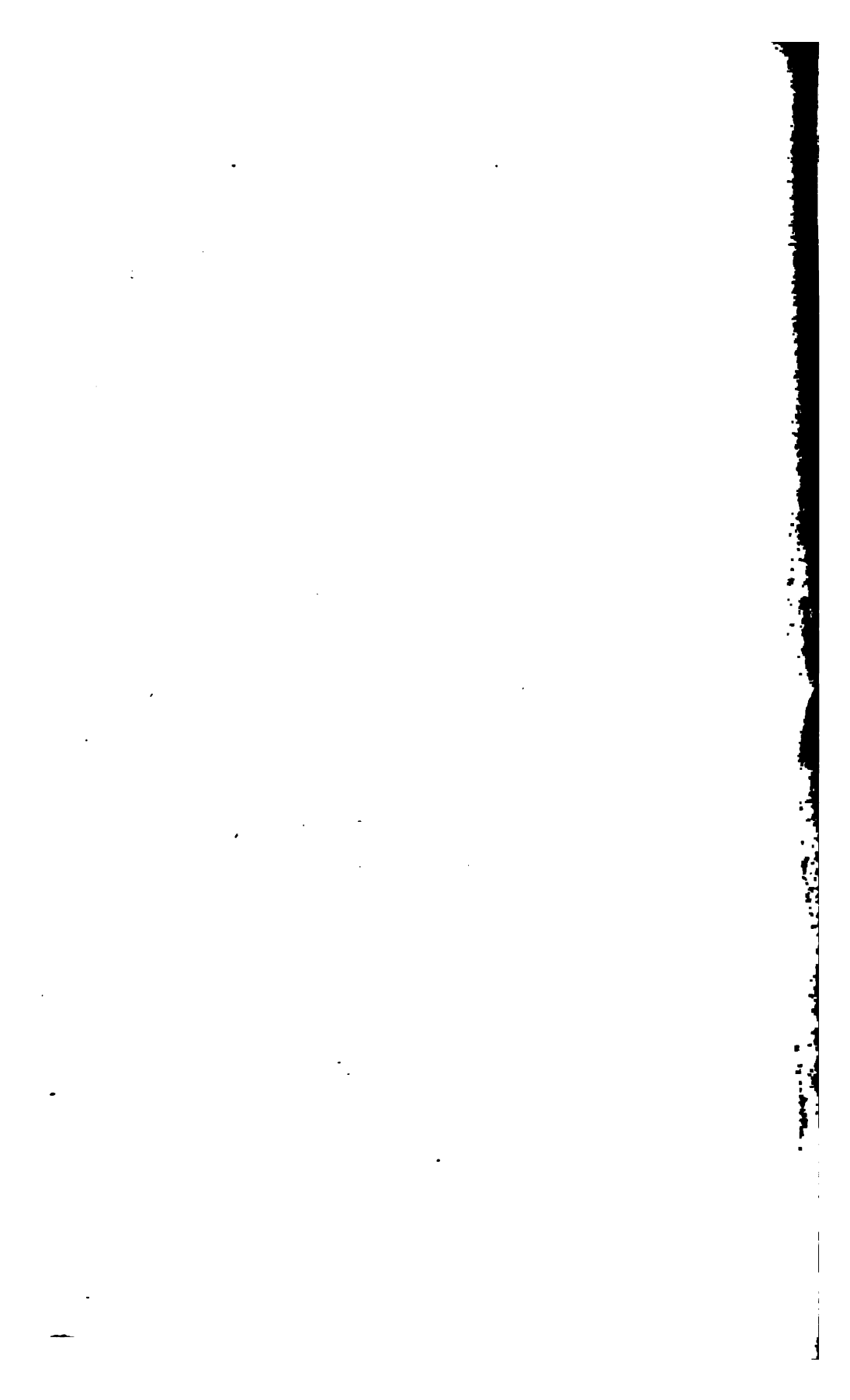
proper treatment of her diseases, may be impaired either by the practices of individuals, or by those which may prevail very generally in the profession. Great carefulness, therefore, is needed on this point. The object, both of the individual practitioner and of the profession, should be to meet most fully the demands of science and humanity, and yet not offend a sensitive, but rational delicacy, nor give countenance to an unblushing shamelessness. But there are practices quite prevalent among medical men which prevent the full attainment of this object on the part of the honorable practitioner.

To illustrate our meaning, we will refer to the use, or rather *abuse*, of the vaginal speculum. The very common and indiscriminate application which has been made of this instrument by ultraists and hobby-riders, going far beyond the bounds of necessity, and therefore of propriety, has occasioned much embarrassment in the professional intercourse of honorable and judicious physicians with their female patients. Disgust at this abuse of the speculum to mercenary and quackish purposes of itself disinclines them somewhat to its use, and the suspicion and prejudice which this abuse has awakened in relation to the medical profession increase the difficulty. The obstacles thus thrown in the way of the use of this instrument by some of its staunchest advocates have undoubtedly prevented its being employed as much as it should be by the great body of the profession. The assertion which they so often make in regard to it, that it ought to be in as common use as the stethoscope is, can not be true, if the principles which we have laid down be correct. A very free use of it is not necessary, and it is therefore a transgression of the rules of modesty and propriety.

We can not forbear to notice, in this connexion, the influence of indecent allusions upon the professional intercourse of the physician with his female patients. When these occur in ordinary conversation, they exert but a limited influence. But when they are used in the lecture room to gain popularity by ministering to a depraved taste, or are employed as embellishments in descriptions of cases on the pages of medical journals, they inflict not only a public, but a serious injury upon the profession.

It is principally the prejudice which indelicate practices among medical men have engendered in the public mind, that has given rise to the project for training female practitioners of medicine. The project will, for obvious reasons, be unsuccessful, and chiefly because the community generally will be convinced that, although some physicians are guilty of transgressing the rules of propriety and modesty in their intercourse with their patients, medical men, as a body, are pure-minded men, and that their honor, as well as their skill, is worthy of the confidence of the public. And let it ever be remembered that the intimate and peculiar relation which the physician holds to the mothers and daughters in the families upon which he attends, is a relation of a sacred character, and that the profession are bound to throw around it all those safeguards which are necessary to preserve inviolate the honor which is the bond of its confidence.





Harvard

PROCEEDINGS

OF THE

SIXTY-FIRST ANNUAL CONVENTION

OF THE

Connecticut Medical Society,

MAY, 1853,

WITH A LIST OF MEMBERS.



HARTFORD:

PRESS OF CASE, TIFFANY AND COMPANY.

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OFFICERS OF THE SOCIETY.

RICHARD WARNER, M. D., PRESIDENT.
WM. H. COGSWELL, M. D., VICE PRESIDENT.
GEORGE O. SUMNER, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

STANDING COMMITTEES.

Committee of Examination.

RICHARD WARNER, M. D., *ex officio*.
P. W. ELLSWORTH, M. D.
H. N. BENNETT, M. D.
J. G. BECKWITH, M. D.
E. LINSLEY, M. D.
LEWIS WILLIAMS, M. D.

Committee to nominate Physician to the Retreat for the Insane.

ALVAN TALCOTT, M. D.
M. W. WILSON, M. D.
S. T. SALISBURY, M. D.
L. THURSTON, M. D.
F. L. DICKINSON, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

JUSTIN HAMMOND, M. D.
REMUS M. FOWLER, M. D.
ROBERT HUBBARD, M. D.
O. K. ISHAM, M. D.
WM. C. WILLIAMS, M. D.

The Annual Convention of the President and Fellows of the Connecticut Medical Society, was held at Gilman's Saloon, in the City of Hartford, May 11, 1853.

The Convention was called to order by the President, when the certificates of the election of Fellows were presented by the Secretary, and referred to a Committee consisting of Drs. Goodsell, Ensign, Isaac G. Porter, Pike, Dickinson, Woodruff, Nye, and A. L. Williams, who reported the following list of

FELLOWS.

HARTFORD COUNTY.

C. W. Ensign, M. D.
A. S. Warner, M. D.
E. D. Babcock, M. D.
*H. C. Bunce, M. D.
Wm. Porter, M. D.

NEW LONDON COUNTY.

A. T. Douglas, M. D.
Geo. E. Palmer, M. D.
Horace Thurston, M. D.
Elijah Dyer, M. D.
I. G. Porter, M. D.

WINDHAM COUNTY.

Lewis Williams, M. D.
Wm. Woodbridge, M. D.
Nathan S. Pike, M. D.
Stephen C. Riggs, M. D.
*Dyer Hughes, M. D.

MIDDLESEX COUNTY.

Elijah B. Nye, M. D.
A. B. Worthington, M. D.
I. Hutchinson, M. D.

NEW HAVEN COUNTY.

Isaac Goodsell, M. D.
S. G. Hubbard, M. D.
L. N. Beardsley, M. D.
W. Hooker, M. D.
David L. Daggett, M. D.

LITCHFIELD COUNTY.

William Woodruff, M. D.
Geo. Seymour, M. D.
D. B. Camp, M. D.
D. S. Huggins, M. D.
*D. B. North, M. D.

FAIRFIELD COUNTY.

— Williams, M. D.
*A. P. Ticknor, M. D.
*George Dyer, M. D.
*F. J. Judson, M. D.
*D. S. Burr, M. D.

TOLLAND COUNTY.

Francis L. Dickinson, M. D.
Ebenezer Linsley, M. D.
O. K. Isham, M. D.

The President, Rufus Blakeman, M. D., then read an Address on Medical Organization and the Biography of the older Physicians of Fairfield County, and declined a re-election.

The following gentlemen were then elected officers of the Society, for the ensuing year, viz.

RICHARD WARNER, M. D., President.

WILLIAM H. COGSWELL, M. D., Vice President.

GEORGE O. SUMNER, M. D., Treasurer.

J. G. BECKWITH, M. D., Secretary.

Voted, That the thanks of this Convention be tendered to Rufus Blakeman, M. D., for the able, dignified, and impartial manner with which he has filled the office of President of the Society, and also for his excellent address delivered by him this day, and that a copy be requested for publication.

Drs. A. S. Warner, S. G. Hubbard, A. T. Douglas, Wm. Woodbridge, A. P. Ticknor, D. B. Camp, E. Linsley, A. B. Worthington, were appointed a Committee on Unfinished Business.

A communication was received from E. K. Hunt, inviting the Convention to visit the "Retreat for the Insane." Invitation accepted.

Worthington Hooker, M. D., then offered the following resolutions expressive of the sense of the Convention in reference to the recent disaster at Norwalk, and the loss to the profession of several distinguished members of the Connecticut State Medical Society, which were unanimously adopted.

Resolved, That while we sympathize with the many whose homes have been made desolate by the recent catastrophe at Norwalk, the loss to the medical profession of so many of its most valued members, by that event, awakens within us the deepest feelings of sorrow.

Resolved, That the peculiar circumstances under which this loss has come upon us and upon the community, occurring as it did at the close of the largest meeting of medical men ever held in this country, and immediately after its grand festive gathering, while the members were returning with joy to their homes, give a peculiar impressiveness to this event.

Resolved, That, while in common with the profession throughout the land, we mourn the loss of all those brethren that were taken out of life thus suddenly, we are especially afflicted by the loss of two of

our number, so much esteemed and loved by us all, Dr. Archibald Welch, of this city, and Dr. Samuel Beach, of Bridgeport; and, while we express our sorrow, we feel ourselves incited by the memory of their bright examples, to greater diligence and faithfulness, both as physicians and as men, in the short and uncertain life allotted to us by Him who has our lives in his hands.

Resolved, That, while we thus mourn, it is proper for us, as medical men, to express thus publicly our views and sentiments in relation to the causes of this catastrophe, and the means of preventing similar events in future.

Resolved, That the great truth so fully and constantly recognized by our profession, that responsibility in relation to human life has a peculiar sacredness, seems to be to a great extent forgotten by both individuals and companies, to whom the lives of multitudes on our numerous thoroughfares are daily intrusted.

Resolved, That the very prevalent carelessness, both in the selection of individuals for important and responsible posts, and in the adoption of obvious and necessary precautions against accidents, deserves the most emphatic rebuke from the community, and urgently calls for the immediate enactment of stringent laws on this subject on the part of our legislatures.

Dr. Beckwith also presented the following preamble and resolutions, which were adopted by the Convention, viz.

Whereas the Almighty Disposer of events in his wise and mysterious providence, hath taken from us by a violent and instantaneous death, our late highly respected President, Archibald Welch, M. D., and also our much respected Fellow and Dissertator, Samuel Beach, M. D.;

Therefore, *Resolved*, That in view of the recent terrible Railway Disaster, by which this society has lost two of its most valuable members, one of whom, Arch'd Welch, M. D., had been for many years, President of this Society; the other, Samuel Beach, M. D., had been appointed a Dissertator to this Convention; we recognize the agency of a wise and merciful providence which has removed by violent deaths from the midst of life while in the discharge of all the high responsibilities of their professional life, two members of the Society eminently combining in their several characters, high intellectual and professional endowments, great personal worth, and other elements of moral greatness and Christian excellence; therefore,

Resolved, That while we deeply sympathize with the relatives and friends of the deceased, in the irreparable loss which they have sustained, we commend them under these afflictive dispensations, to *Him* alone who can bind up the crushed and wounded spirit, even when in the dark and mysterious ways of his providence, (and sometimes, as in the present instance, by terrible agencies,) he removes his faithful and devoted servants from the stormy and troubled scenes of their earthly existence. Let them be assured, that "although clouds and darkness are round about him, Justice and Judgement are the habitations of his throne." And they rest from their labors and "their works do follow them."

Resolved, further, That copies of these resolutions be signed by the officers of the Convention, and forwarded to the families and friends of the deceased; and also entered upon the journal with our proceedings, as an evidence of the just appreciation in which we hold the memory of our deceased brethren.

Drs. Hooker and Beckwith were appointed a Committee to carry out the above resolutions presented by them to the Convention.

Dr. Catlin then presented the following resolution in behalf of those members of the Society who were exposed to the same peril with those who were lost in the disaster, and escaped destruction.

Resolved, That while we mourn the loss of two of our members by the recent accident at Norwalk, we can not refrain from expressing our gratitude that so many of our number were, by marked providences, preserved from sudden death, and are permitted still to continue in their labors.

Dr. Douglas presented the following resolutions, by instruction of the New London County Medical Society.

Resolved, That a committee of three be appointed to petition the Legislature in behalf of the Convention for an act to compensate physicians for making *post mortem* examinations in criminal cases, when requested by the proper authorities.

The Committee on Unfinished Business reported that the several Committees on Materia Medica, Practice of Medicine, and Surgery were continued to the present Convention from the last Annual Convention. Dr. Knight informed the Convention through a member that he was not aware of his appointment until very recently, too late to report at this time. He preferred to select a more interesting topic than the general history of the improvements in Surgery

for the last fifty years, and suggested the history and progress of Surgery for the last fifty years in Connecticut.

Substitute accepted, and the Committee continued, and on motion of Dr. W. Hooker, the following resolution was adopted.

That the Committee on Surgery of which Dr. Knight is chairman, be requested to report at the next Convention on the Progress and History of Surgery for the last fifty years in the State of Connecticut.

Resolution unanimously adopted.

The action of the Fairfield County Medical Society on the resolution referred back to them for their action, reported that they had expelled the offending members.

Report accepted.

Dr. S. G. Hubbard then reported the following resolution continued from the last Convention.

Resolved, that the several County Meetings are hereby instructed to continue their investigations in relation to the manufacture, sale, recommendation and use of nostrums or Patent Medicines by their members, and to present for trial any member so offending.

Resolved, That no member of this Society, who is directly or indirectly interested in the manufacture, use or recommendation, or a sale of any nostrum or Patent Medicine, shall be eligible to any office.

Drs. Hubbard, E. Dyer and Isham appointed Committee on the above resolutions.

Dr. Douglas then offered the following resolution.

That a Committee be appointed to report whether it would seem proper and expedient to increase the number of Fellows, and reduce their debenture bill.

Drs. Douglas, Daggett, Babcock, Huggins, Isham, Hutchinson, and Geo. Dyer, were appointed said Committee.

The Treasurer's report was then read, accepted, and a Committee appointed to audit the same, consisting of Drs. Seymour, Nye, Judson, L. Williams, Thurston, Beardsley, Porter.

Abstract of Treasurer's Report.—Financial Summary.

Cash in the Treasury,	\$215.31½
Due from Clerks,	\$1,184.85½
Deduct say one-third of this for bad debts, abatements, commissions,	378.25

Leaves,	756.50
Total Cash and due from Clerks,	<u>\$972.81½</u>
The Society owes as above for Debentures outstanding,	<u>\$369.75</u>
Leaves Balance in favor of Society,	<u>\$602.56½</u>

Drs. Hubbard, G. Dyer, Woodbridge, Beers, North, Isham, Hutchinson and Dickinson, were appointed a Committee on Debentures.

The Convention then on motion, proceeded to fill vacancies in the Standing Committees, when on balloting it was found that Ebenezer Linsley, M. D., and Lewis Williams, M. D., were appointed to fill the vacancies in the Committee of Examination.

L. Thurston, M. D., and F. L. Dickinson, M. D., to fill the vacancies in the Committee to nominate Physician to the Retreat for the Insane, and Myron W. Wilson, M. D., to fill the vacancy occasioned by the decease of Dr. Archibald Welch.

O. K. Isham, M. D., and W. C. Williams, M. D., to fill the vacancies in the Committee to nominate Professors in Yale College.

Drs. Goodsell, E. Dyer, Pike, Burr, Camp, Isham, Porter and Worthington were appointed to nominate Honorary Members, and Candidates for the Honorary Degrees of Doctor of Medicine.

Dr. W. Hooker, Thurston, and Williams were appointed a Committee to nominate Delegates to the National Convention.

Drs. W. Hooker, E. Dyer, and E. B. Nye, were appointed a Committee to nominate Dissertator for the next Convention.

Adjourned to four and a half o'clock, P. M.

Four and a half o'clock, P. M.

Convention met pursuant to adjournment.

Dr. Seymour from the Committee appointed to audit the Treasurer's Report, reported that they had examined said report and found it correct.

The Secretary received a communication from P. A. Jewett, M. D., stating that he had been prevented from appearing before the Convention with his dissertation by urgent necessity, until he learned that the Convention had probably adjourned.

Dr. W. Hooker, from the Committee to nominate Dissertator to the next Convention, reported the name of William B. Casey, M. D., of Middletown, and he was accordingly appointed.

On motion of Dr. S. G. Hubbard,

Resolved, That the Dissertation of the late lamented Dr. Samuel Beach be procured and published with the proceedings. Passed unanimously.

Dr. W. Hooker, from the Committee to nominate Delegates to the National Convention, reported the following gentlemen, viz.

Geo. Sumner, E. H. Bishop, A. Woodward, H. N. Bennett, M. D's.
Report accepted, and they were appointed said delegates.

Dr. Seymour from the Committee on Gratuitous Students, reported that the following gentlemen were elected from the following counties, viz.

Hartford county,	Edward Seymour.
New Haven county,	W. S. Munger,
New London county,	C. E. Dyer.
Litchfield county,	Henry Pierpont.
Tolland county,	E. J. Tuzzle.
Middlesex county,	C. A. Griswold.

For vacancies in Fairfield and Windham counties, Geo. T. Barrows, John B. Doughty were recommended.

Report accepted and the vacancies were filled by Messrs. Barrows and Doughty.

Dr. S. G. Hubbard from the Committee on Patent Medicines, reported in favor of the resolutions offered by him in the morning.

Report accepted and resolutions adopted.

Dr. Elijah Dyer from the committee on Honorary Degrees and Honorary Members, reported that it is inexpedient to report any candidates for either Honorary Degrees or Honorary Members.

Report accepted and Committee discharged.

Dr. Hubbard from the Committee on Debentures, reported a bill which was read, accepted and ordered to be paid.

Moved that when this Convention adjourn, it adjourn to meet at the Retreat for the Insane, at 8 o'clock, to-morrow morning.

On motion, a tax of one dollar and fifty cents was levied on each member, payable on the 1st June next.

Dr. Douglas from the Committee on alteration of the number of Members and Fellows, made the following report;

That the subject be referred back to the County Societies recommending them to instruct their Fellows how to act in the matter at the Annual Convention; report not accepted.

Adjourned to 8 o'clock, A. M.

Thursday, 8 o'clock, A. M.

Committee on Registration reported that they had attended to the duties of their appointment—their opinion was that the law was in some respects inoperative.

Report accepted, Committee discharged.

The Committee on the New London Co. resolutions, reported the following resolution.

That a Committee of three be appointed to petition the Legislature for a law providing for a reasonable compensation for making *post mortem* examinations when employed by the proper authorities for that purpose.

Drs. J. Olmstead, Beckwith and Beresford appointed Committee to petition the Legislature for that purpose.

Dr. L. N. Beardsley offered the following resolution, viz.

The Connecticut Medical Society see with regret that efforts are making by certain individuals to deprive the late Dr. Horace Wells of his right as discoverer of the principle of Anesthesia by inhalation of gases or vapors.

It is therefore resolved, That this Convention express their conviction that to Dr. Horace Wells, and him alone, belongs this honor, and all rights which are justly due, who has made, demonstrated, and published this discovery.

Resolved, That a Committee of three be appointed to confer with the Committee of the Legislature in relation to this subject.

Drs. Ellsworth, Holmes, and Wilson appointed said Committee.

Dr. Beckwith presented the following resolution.

Resolved, By the Connecticut Medical Society in Convention assembled, that after a careful and thorough examination of the Retreat for the Insane in Hartford, we are convinced that the cause of suffering humanity, and the best interests of society, demand that the appropriation for the insane poor be increased in conformity with the recommendation contained in the message of his Excellency the Governor to the Legislature at its present session.

Resolution passed unanimously, and Dr. Ellsworth, Beckwith and Deming appointed said Committee.

Dr. Ellsworth, from the Standing Committee of Examination, made

a report which was accepted and ordered to be printed with the proceedings. See Appendix "A."

At the suggestion of Dr. Ellsworth, the following resolution was offered by Dr. Beckwith, as a recognition of the services of B. Silliman, M. D., LL. D., to the cause of Medical Science.

Resolved, That the thanks of the Connecticut Medical Society are due to Benjamin Silliman, LL. D., for the faithful and very satisfactory manner with which he has discharged the duties of Professor of Chemistry in the Medical Institution of Yale College, and that in his retirement from the chair which he has filled with such eminent ability, he has our best wishes that his future life may be as prosperous and happy, as it has been fortunate, for the advancement of Chemistry and the Natural Sciences.

Dr. Sumner then moved that the Secretary furnish Dr. Silliman with a copy of this resolution.

On motion then adjourned *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

*FELIX PASCALIS,	- - -	New York,
JAMES JACKSON,	- - -	Boston, Mass.
JOHN C. WARREN,	- - -	Boston, Mass.
*SAMUEL L. MITCHELL,	- - -	New York.
*DAVID HOSACK,	- - -	New York.
*WRIGHT POST,	- - -	New York.
BENJAMIN SILLIMAN,	- - -	New Haven.
*GEORGE MELLEMAN,	- - -	Philadelphia, Pa.
*JOHN MACKIE,	- - -	Providence, R. I.
*CHARLES ELDREDGE,	- - -	East Greenwich, R. I.
THEODORE ROMEYN BECK,	- - -	Albany, N. Y.
*JAMES THATCHER,	- - -	Plymouth, Mass.
EDWARD DELAFIELD,	- - -	New York.
JOHN DELAMATER,	- - -	Cleveland, Ohio.
*WILLIAM P. DEWEES,	- - -	Philadelphia, Pa.
*JOSEPH WHITE,	- - -	Cherry Valley, N. Y.
JACOB BIGELOW,	- - -	Boston, Mass.
WALTER CHANNING,	- - -	Boston, Mass.
*PHILIP SING PHYSIC,	- - -	Philadelphia, Pa.
*LEWIS HEERMAN,	- - -	U. S. Navy.
*DANIEL DRAKE,	- - -	Cincinnati, Ohio.
HENRY MITCHELL,	- - -	Norwich, N. Y.
NATHAN RYNO SMITH,	- - -	Baltimore, Md.
VALENTINE MOTT,	- - -	New York.
*SAMUEL WHITE,	- - -	Hudson, N. Y.
REUBEN D. MUSSEY,	- - -	Cincinnati, Ohio.
WILLIAM TULLY,	- - -	New Haven.
RICHMOND BROWNELL,	- - -	Providence, R. I.
WILLIAM BEAUMONT,	- - -	St. Louis, Mo.
SAMUEL HENRY DICKSON,	- - -	Charleston, S. C.
*SAMUEL B. WOODWARD,	- - -	Northampton, Mass.
*JOHN STEARNS,	- - -	New York.
STEPHEN W. WILLIAMS,	- - -	Deerfield, Mass.
*HENRY GREEN,	- - -	Albany, N. Y.
*GEORGE FROST,	- - -	Springfield, Mass.
WILLARD PARKER,	- - -	New York.
BENAJAH TICKNOR,	- - -	U. S. Navy.
ALDEN MARCH,	- - -	Albany, N. Y.
*AMOS TWITCHELL,	- - -	Keene, N. H.
CHARLES A. LEE,	- - -	New York.
DAVID S. C. H. SMITH,	- - -	Providence, R. I.
*JAMES M. SMITH,	- - -	Springfield, Mass.
HENRY D. BULKLEY,	- - -	New York.
J. MARION SYMS,	- - -	Montgomery, Ala.
JOHN WATSON,	- - -	New York City.

* Deceased.



ORDINARY MEMBERS.

*The names of those Members who are exempt from taxation by age,
are in italics: the names of those who have been Presidents of the
Society, are in capitals.*

HARTFORD COUNTY.

ARCHIBALD WELCH, M. D., Chairman.

J. C. JACKSON, M. D., Clerk,

HARTFORD , GEORGE SUMNER , Henry Holmes, Samuel B. Beresford, George B. Hawley, Gurdon W. Rus- sell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i> , E. K. Hunt, John S. Butler, H. A. Grant, J. C. Jack- son, A. W. Barrows, Thomas Miner, M. W. Wilson, William Porter, <i>Ho- ratio Gridley</i> , Charles P. Kob, John H. Wells, William R. Brownell.	FARMINGTON , Asahel Thompson. <i>Plainville</i> , G. A. Moody. <i>Unionville</i> , William H. Sage.
<i>West Hartford</i> , Edward Brace.	GLASTENBURY , <i>Ralph Carter</i> , Clinton Bunce.
AVON , Alfred Kellogg.	<i>South Glastenbury</i> , C. E. Hammond, Luman J. Andrus, Henry Gilbert.
BERLIN , E. Brandagee, Jr.	<i>Eastbury</i> , Sabin Stocking.
NEW BRITAIN , <i>Samuel Hart</i> , Roswell Hawley, E. D. Babcock, B. N. Com- ings.	GRANBY , Jairus Case, <i>Joseph F. Jewett</i> . <i>East Granby</i> , Chester Hamlin.
BLOOMFIELD .	<i>West Granby</i> , Justus D. Wilcox.
BRISTOL , Joseph W. Camp, John S. Moody.	MANCHESTER , W. C. Williams, W. Scott, ROCKY HILL , <i>Sylvester Bulkley</i> .
BURLINGTON , William Elton, 2d. <i>Collinsville</i> , Russell H. Tiffany.	SIMSBURY , Roderick A. White.
EAST HARTFORD , <i>Eli Hall</i> , Seth L. Child, Clarence M. Brownell.	<i>Tariffville</i> , George W. Sanford, Charles W. Ensign.
EAST WINDSOR , Hiram Watson.	SOUTHTON , Julius S. Barnes, N. H. Byington, F. A. Hart.
<i>Broad Brook</i> , Marcus L. Fisk.	SOUTH WINDSOR , Horace C. Gillette, Sidney Rockwell, William Wood.
<i>Warehouse Point</i> , Joseph Olmsted.	SUFFIELD , Samuel B. Low, Aretus Ri- sing.
ENFIELD , J. P. Converse, A. L. Spald- ing.	WETHERSFIELD , E. F. Cooke, A. S. Warner, A. S. Fox.
<i>Thompsonville</i> , J. Bailey Beach.	WINDSOR , <i>William S. Pierson</i> , Albert Morrison.
	<i>Windsor Locks</i> , Samuel W. Skinner. <i>Pogonock</i> , Oliver B. Griggs.

NEW HAVEN COUNTY.

JOEL CANFIELD, M. D., Chairman.

S. G. HUBBARD, M. D., Clerk.

NEW HAVEN, <i>Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, A. S. Munson, Charles Hooker, H. B. Porter, Nathan B. Ives, E. H. Bishop, E. D. North, J. A. Totten, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, N. W. Taylor, Jr., S. G. Hubbard, A. Moody, W. J. Whiting, A. C. Blakeslee, H. W. E. Mathews, C. A. Lindsley, Worthington Hooker, Charles Byington, T. P. Beers, Jr. Westville, Samuel Loyd.</i>	<i>Humphreysville, Abiram Stoddard, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.</i>
<i>Fair Haven, C. S. Thompson, W. M. White, Lyman Parker.</i>	EAST HAVEN, <i>Bela Farnham.</i>
BETHANY, <i>Asa C. Woodward.</i>	GUILFORD, <i>Joel Canfield, Alvan Talcott.</i>
BRANFORD, <i>Willoughby L. Lay, Harvey B. Way.</i>	MADISON, <i>Reynold Webb.</i>
CHESSEE, <i>A. J. Driggs.</i>	MERIDEN, <i>Gardiner Barlow.</i>
DERRY, <i>H. A. Carrington.</i>	<i>West Meriden, B. H. Catlin, Edward W. Hatch.</i>
Ansonia, <i>Samuel P. Church.</i>	MIDDLEBURY.
Birmingham, <i>Ambrose Beardsley, T. Dutton.</i>	MILFORD, <i>Hull Allen, L. N. Beardsley.</i>
HAMDEN, <i>Edwin D. Swift.</i>	NAUGATUCK, <i>J. D. Mears, Timothy Langdon.</i>
	NORTH BRANFORD, <i>Sheldon Beardsley.</i>
	NORTH HAVEN, <i>Robert T. Stillman.</i>
	SOUTHBURY, <i>A. B. Burritt.</i>
	<i>South Britain, N. C. Baldwin.</i>
	WALLINGFORD, <i>B. T. H. Harrison, Nehemiah Banks.</i>
	WATERBURY, <i>M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley.</i>
	WOODBIDGE, <i>Isaac Goodsell, Andrew Castle.</i>

NEW LONDON COUNTY.

JOSEPH DUFEE, M. D., Chairman.

ALBERT HOBRON, M. D., Clerk.

NEW LONDON, <i>Dyer T. Brainard, Nathaniel S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, C. C. Cone, D. P. Francis, Albert Hobron, Robert A. Manwaring, Frank D. Brandagee.</i>	Noank, <i>A. T. Douglass.</i>
NORWICH, <i>Richard P. Tracy, Erastus Osgood, Elijah Dyer, Jr., Elisha Phinney, John D. Ford, Edwin Bentley, Benjamin S. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston, Henry W. Leach, A. W. Coats.</i>	LEBANON, <i>Joseph Comstock, Ralph P. Green.</i>
BOZEA, <i>Samuel Johnson.</i>	LEDYARD.
COLCHESTER, <i>Ezekiel W. Parsons, Frederick Morgan.</i>	<i>Gales' Ferry, Rufus W. Mathewson.</i>
EAST LYME, <i>John L. Smith, Austin F. Perkins.</i>	LISBON.
FRANKLIN, <i>Ashbel Woodward.</i>	LYME, <i>Richard Noyes, John Noyes.</i>
GRISWOLD.	<i>North Lyme, Wm. W. J. Warren.</i>
GROTON, <i>Joseph Dufee.</i>	MONTVILLE, <i>Ephraim Fellowes, Samuel E. Maynard.</i>
Portersville, <i>Elias F. Coats.</i>	<i>Uncasville, Jedediah R. Gay, John C. Bolles.</i>
	NORTH STONINGTON, <i>Thomas P. Wat- ties, Alvah Gay.</i>
	PRESTON, <i>Avery Downer, Eleazer B. Downing.</i>
	<i>Poquetannock, Henry E. Randall.</i>
	SALEM.
	STONINGTON, <i>William Hyde, George E. Palmer, William Hyde, Jr.</i>
	<i>Mystic, Mason Manning.</i>

FAIRFIELD COUNTY.

GEORGE BLACKMAN, M. D., Chairman.

F. J. JUDSON, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.	HUNTINGTON, <i>James H. Shelton.</i>
<i>Greenfield</i> , Rufus Blakeman.	MONROE, Salmon H. Hall,
<i>Southport</i> , Justus Sherwood.	NEW CANAAN, <i>Samuel S. Noyes</i> , Lewis
BRIDGEPORT, D. H. Nash, Frederick	Richards.
J. Judson, L. W. Burritt, <i>William</i>	NORWALK, <i>John A. McLean</i> , Ira Greg-
<i>B. Nash</i> , Robert Hubbard, H. N.	ory.
Bennett.	SHERMAN, Daniel W. Northrop.
BROOKFIELD, <i>Noah A. Lacey</i> , A. L.	STAMFORD, N. D. Haight.
Williams.	STRATFORD, <i>William T. Shelton.</i>
DANBURY, <i>R. B. Botsford</i> , E. P. Ben-	TRUMBULL, <i>ELIJAH MIDDLE-</i>
nett.	<i>BROOK</i> , George Dyer.
<i>Bethel.</i>	WESTPORT, George Blackman, David
DARTEN.	S. Burr.
EASTON, James Baldwin, Abram P.	
Ticknor.	

WINDHAM COUNTY.

WM. H. COGSWELL, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Dan-	<i>Plainfield</i> , Central P. O., <i>Morey Bur-</i>
iel M. Hale, William Woodbridge.	<i>gess</i> , <i>Nathan S. Pike</i> , Elijah Bald-
ASHFORD, John H. Simmons.	win, Jr., Horace Burgess.
CANTERBURY, <i>Elijah Baldwin</i> , Joseph	POMFRET, Hiram Holt, Lewis Wil-
Palmer.	liams.
CHAPLIN, Orrin Witter.	STERLING, William A. Lewis.
HAMPTON, Dyer Hughes, Wm. Soule.	THOMPSON, Samuel Bowen.
KILLINGLY, <i>Dayville</i> , Justin Ham-	VOLUNTOWN, <i>Harvey Campbell.</i>
mond.	WINDHAM, <i>Chester Hunt</i> , De Witt C.
<i>South Killingly</i> , Daniel A. Hovey.	Lathrop.
<i>East Killingly</i> , E. E. Hill.	<i>Willimantic</i> , John Hill, Jr.
<i>West Killingly</i> , David E. Hall, Samuel	<i>Scotland</i> , Calvin B. Bromley.
Hutchins, Stephen C. Griggs.	WOODSTOCK, <i>North</i> , Asa Witter.
<i>Wilkinsonville</i> , Henry W. Hough,	<i>South Woodstock</i> , Lorenzo Marcy.
Thomas W. Perry.	<i>West Woodstock</i> , Milton Bradford,
PLAINFIELD, William H. Cogswell.	Charles H. Rogers.
	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

SAMUEL T. SALISBURY, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, <i>Samuel Buel</i> , J. G. Beck-	BRIDGEWATER, Horace Judson.
with, George Seymour, D. E. Bost-	CANAAN, A. A. Wright, George Adam,
wick, Charles Vail, E. Osborn.	Ithamar H. Smith.
<i>South Farms</i> , Garry H. Miner.	<i>South Canaan</i> , John A. Gillett.
BARKHAMSTED, F. B. Graham.	CORNWALL, Burritt B. North.
BETHLEM, G. G. Bissell.	

<i>West Cornwall</i> , Samuel W. Gold, D. C. Spencer.	<i>Salisbury</i> , O. Plumb, Wm. Werden.
<i>North Cornwall</i> .	<i>Lakesville</i> , Benjamin Welch, Jr., John H. Welch.
<i>COLEBROOK</i> , Seth Pease.	<i>SHARON</i> , Ralph Deming, Chauncey Reed.
<i>Gaylord's Bridge</i> , Gamaliel H. St. John.	<i>Wolcottville</i> , Erastus Bancroft, W. K. Whiting, J. W. Phelps.
<i>GOSHEN</i> , A. M. Huxley.	<i>WARREN</i> , O. Brown.
<i>HAERWINTON</i> .	<i>Woodville</i> , Manly Peters.
<i>KENT</i> , <i>Wells Beardsley</i> , Johnson C. Hatch, I. E. Smith.	<i>WASHINGTON</i> , R. M. Fowler.
<i>NEW HARTFORD</i> , <i>Center</i> .	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
<i>NEW MILFORD</i> , <i>Jehiel Williams</i> , Wm. B. Lacy.	<i>WATERTOWN</i> , Samuel Catlin, Jr.
<i>NORFOLK</i> , William W. Welch, E. D. Huggins.	<i>WEST WINSTED</i> , James Welch, H. G. Westlake.
<i>PLYMOUTH</i> , Samuel T. Salisbury.	<i>WOODBURY</i> , Charles H. Webb.
<i>Plymouth Hollow</i> , William Woodruff.	<i>Terryville</i> .
<i>ROXBURY</i> , Myron Downs.	

MIDDLESEX COUNTY.

IRA HUTCHINSON, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

<i>MIDDLETOWN</i> , Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Franklin Woodruff, Elisha B. Nye, George W. Burke.	<i>HADDAM</i> , Ira Hutchinson.
<i>CHATHAM</i> , Francis G. Edgerton.	<i>Higganum</i> , William H. Tremaine.
<i>Middle Haddam</i> , A. B. Worthington.	<i>KILLINGWORTH</i> , Richard M. Buel.
<i>CHESTER</i> , S. W. Turner.	<i>PORTLAND</i> , George O. Jarvis, Stephen Fuller, G. C. H. Gilbert.
<i>CLINTON</i> , Denison H. Hubbard.	<i>SAYBROOK</i> , Asa H. King.
<i>CROMWELL</i> , Richard Warner.	<i>OLD SAYBROOK</i> , Alexander H. Hough, Frederick W. Shepard.
<i>DURHAM</i> , Benjamin M. Fowler.	<i>Deep River</i> , Rufus Baker.
<i>EAST HADDAM</i> , <i>Asa M. Holt</i> , Datus Williams.	

TOLLAND COUNTY.

ORSON WOOD, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

<i>TOLLAND</i> , <i>Ahijah Ladd</i> , Oliver K. Isham, Gilbert H. Preston.	<i>MANSFIELD</i> , <i>North</i> , Norman Brigham, W. H. Richardson.
<i>ANDOVER</i> , Adonijah White.	<i>South Mansfield</i> , <i>Earl Swift</i> .
<i>BOLTON</i> , Charles F. Sumner.	<i>SOMERS</i> , Orson Wood, Erasmus E. Hamilton.
<i>COLUMBIA</i> , Harrison McIntosh.	<i>STAFFORD</i> , <i>East</i> , William N. Clark, Eleazer S. Beebe.
<i>COVENTRY</i> , <i>North</i> , <i>Eleazer Hunt</i> .	<i>Stafford</i> , <i>West</i> , Joshua C. Blodget.
<i>So. Coventry</i> , T. Dimock.	<i>UNION</i> , E. Linsley.
<i>ELLINGTON</i> , <i>Allen Hyde</i> , Horatio Dow, J. H. Manning.	<i>VERNON</i> , Alden Skinner.
<i>HEBRON</i> , <i>JOHN S. PETERS</i> , Orrin C. White, Elijah A. Woodward.	<i>Rockville</i> , M. M. Frizzle.
	<i>WILLINGTON</i> , Francis L. Dickinson.

**SUMMARY OF ORDINARY MEMBERS FOR 1852, WITH THE DEATHS
IN THE YEAR ENDING, APRIL 1, 1853.**

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	65	9	74	0
New Haven County,	60	10	70	1
New London County,	36	13	49	1
Fairfield County,	19	7	26	0
Windham County,	32	5	37	0
Litchfield County,	42	4	46	0
Middlesex County,	23	2	25	0
Tolland County,	21	5	26	0
Total,	298	55	353	2

**DEATHS OF MEMBERS DURING THE YEAR ENDING, APRIL 1,
1853, SO FAR AS REPORTED.**

New Haven County, S. W. Clark, of Wallingford, Phthisis, aged 40.
New London County, Vine Smith, Lisbon Chronic Hepatitis, aged 62.

DUTIES OF CLERK.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes, and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the Members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by Secretary.
3. Committee on the election of Fellows.
4. Address of President.
5. Election of officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves &c., from the several Counties, and members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committees on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for gratuitous course of Lectures.
14. Committee on Honorary Degrees and Honorary Membership.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

- 1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
- 1794. Dr. Gideon Shepherd, on the Properties of Opium.
- 1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
- 1795. Dr. Thaddeus Betts, on the different species of Colic.
- 1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
- 1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
- 1796. Dr. Lewis Collins, on the most eligible mode of increasing
Medical Knowledge in this State.
- 1796. Dr. Gideon Shepherd, on the same subject.
- 1798. Dr. Samuel Hopkins, case of Bilious Concretion.
- 1798. Dr. Jared Potter, "An Essay."
- 1799. Dr. Thaddeus Clark, a Dissertation.
- 1800. Dr. Nathaniel Dwight, on Lunacy.
- 1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
- 1817. Dr. W. R. Fowler, on the deleterious effects of Ardent Spirits.
- 1818. Dr. William Buel, on Ergot.
- 1820. Dr. Thomas Miner, on Typhus Fever.
- 1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
- 1822. Dr. William Tully, on the Yellow Fever at Middletown.
- 1823. Dr. Dyer T. Brainerd.
- 1827. Dr. Samuel B. Woodward, on the Biography of the Physi-
cians of the State.
- 1829. Dr. George Sumner, on Extra-uterine Conception.
- 1830. Dr. Charles Hooker, on Diseases of the Ear.
- 1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
- 1836. Dr. E. H. Bishop, "Influence of Moral Emotions on Disease."
- 1837. Dr. Archibald Welch, on Scarlet Fever.
- 1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
- 1839. Dr. Henry Bronson, on the Mental Qualifications necessary
to a Physician.
- 1840. Dr. Richard Warner, on the Advantages of prompt and effi-
cient practice in Acute Diseases.
- 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical
Jurisprudence.
- 1842. Dr. Charles Woodward, on Uterine Irritation.
- 1843. Dr. Pickney W. Ellsworth, on Phlebitis.

1844. Dr. Worthington Hooker, on the respect due to the Medical Profession, and the reasons that it is not awarded by the community.
1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
1846. Dr. Theodore Sill, Observations on Typhus Fever.
1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
1848. Dr. B. F. Barker, Remarks on some forms of disease of the Cervix Uteri.
1849. Dr. Alvan Talcott, on Hygiene.
1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
1851. Dr. George Sumner, on the Early Physicians of Connecticut.
1853. Dr. Rufus Blakeman, Early Physicians of Fairfield Co.
1853. Dr. Samuel Beach, on Popularizing Medicine.

APPENDIX A.

REPORT OF THE COMMITTEE OF EXAMINATION.

The Examining Committee convened on Wednesday, January 26th, and continued in session two days.—Present on the part of the Connecticut Medical Society :—

Rufus Blakeman, M. D., of Fairfield, *President*.

Benjamin Welch, M. D., of Salisbury.

Ashbel Woodward, M. D., of Franklin.

Pinckney W. Ellsworth, M. D., of Hartford.

Hanford N. Bennett, M. D., of Bethel.

Josiah G. Beckwith, M. D., of Litchfield.

On the part of Yale College—Profs. B. Silliman, J. Knight, T. P. Beers, C. Hooker, and W. Hooker.

Fifteen candidates were examined and recommended for the Degree of Doctor in Medicine, viz.

1. Elias Campbell Baker, Princeton, N. J., on "Adulterations of Medicine."
 2. William Tomlinson Booth, B. A., Williams College, New York, on "Scarlet Fever."
 3. Joseph Bailey Elliott, Trenton, N. J., on "Epilepsy."
 4. Reuben Warner Judson, Bridgewater, on "Cathartics."
 5. Wm. Huntington Leonard, Chaplin, on "Phthisis."
 6. Ransom Perry Lyon, Easton, on "Cold."
 7. Charles Augustus Neal, Lodi, N. Y., on "Inflammation."
 8. Charles Edward Sanford, Plainville, on "Dysentery."
 9. Harmon William Shove, Woodbury, on "Gonorrhœa."
 10. Paul Chesbro Skiff, Kent, on "Mental Influences on Diseases."
 11. Lucius Anthony Smith, New Haven, on "General Paralysis of the Insane."
 12. Melancthon Storrs, B. A., Ashford, on "The Language of the Deaf and Dumb."
 13. Almon Pease Ticknor, Tariffville, on "Dysentery," with the Valedictory Address.
 14. Martin Ebenezer Winchell, Durham, on "Etiology."
 15. William Walton Woolsey, New Haven, on "Scarlet Fever."
- Benjamin Welch, M. D., of Salisbury, of the Board of Examiners, gave the Annual Address to the Candidates.

The Degrees were conferred, on Thursday evening, by President Woolsey.

Pinckney W. Ellsworth, M. D., of Hartford, and Hanford N. Bennett, M. D., of Bethel, were appointed to give the annual addresses, in 1854 and 1855.

Dr. Ellsworth was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

Prof. Silliman gave notice that he had resigned his Professorship, and that with this examination terminated his official connection with the Committee; and he accordingly now took leave of the Board: whereupon the following resolution was offered by Dr. Beckwith, and unanimously adopted:—

Resolved, That the thanks of the Committee of Examination in the Medical Institution of Yale College are due to Benjamin Silliman, LL. D., for the faithful and very satisfactory manner in which he has for forty years discharged the duties of Professor of Chemistry in this Institution; and we learn with unfeigned regret, that he has retired from the chair, which he has so long filled with such distinguished ability.

Adjourned, *sine die*.

The Committee would state, that the candidates with a single exception were well prepared, passed with this exception unanimously, the addresses were very appropriate, and the Commencement exercises were well received by a large and highly respectable assemblage of Physicians and other citizens.

For the Committee,

P. W. ELLSWORTH.

NEW HAVEN, June 2nd, 1853.

The Committee to nominate Professors in the Medical Institution of Yale College, met this evening at the house of Rev. Dr. Day.

Present on the part of the Corporation of Yale College, President Theodore D. Woolsey, Rev. J. Day, D. D., Prof. B. Silliman, LL. D., and on the part of the Connecticut Medical Society, Justin Hammond, M. D., Robert Hubbard, M. D., William C. Williams, M. D.

Rev. Dr. Day was appointed Chairman, and Robert Hubbard, M. D., Clerk.

The resignations of Professors B. Silliman and Eli Ives were communicated. Whereupon Henry Bronson, M. D. and Prof. Benj. Silliman, Jr., M. D., were unanimously nominated as Professors in the Medical Institution of Yale College.

Resolved, That this Committee recommend that Professors B. Silliman and Eli Ives, be continued as *Emeritus* Professors in the Medical Institution of Yale College.

Attest,

ROBERT HUBBARD, Clerk.

ADDRESS

OF THE PRESIDENT, RUFUS BLAKEMAN, M. D.

GENTLEMEN:

It is known to you that my predecessor, Doct. Sumner, in his interesting address to this Convention, furnished many interesting details relative to the early history of medicine in Connecticut, together with biographical sketches of some of the most eminent physicians who flourished in the early periods of its history. The address alluded to possesses great value, not only as affording data for noting the progress which our profession has made in the successive eras of its history, but likewise as a record for rescuing from progressing oblivion the names of individuals of worth and eminence, to whose labors we are, in no small degree, indebted for the present advanced respectability which the medical profession in Connecticut sustains.

There can be little doubt that in the early history of Connecticut, and probably that of our country generally, a large portion of medical practice was in its character empirical. For a considerable period subsequent to the first settlement of the several towns, far the largest part of medical prescription was dispensed by root and Indian doctors. Although the more considerable villages early possessed their so-called regular physicians, yet many of these did not blush boastfully to announce their paternity to nostrums and pretended specifics for particular, or for all diseases, as interest might dictate; and this solely with the view of inciting public attention toward themselves, and seducing patients from their professional neighbors.

In such a condition of professional morals, it is little surprising that a state of hostility and antagonistic feeling, should, generally,

have existed, such as is well known to have characterized the medical society of former times. In the several counties of the state, however, exceptions were occasionally found, of physicians of a more honorable and elevated character, who not only labored to reform the moral habits of the profession, but also to advance its scientific respectability and usefulness.

Although a retrospect into our early medical history will present physicians of this description but as

Rari nantes in gurgite vasto,

of popular empiricism then prevailing, yet fortunately such have existed, and many of these primary luminaries have been sufficiently fortunate to receive a notice from my predecessor in the address alluded to. Many others have flourished in the several counties, perhaps equal in professional talent and worth, though less known to general fame, whose names, by the demands of equal justice, ought to be rescued and registered with their co-laborers in support of legitimate medical science during the dark period of its history in the American Colonies. In rendering such tribute of respect to the memories of our professional progenitors, we who enjoy the fruits of their pioneer labors and difficulties, are not only discharging a debt of gratitude which is their due, but we are also furnishing for our successors data by which they may be enabled to trace past medical progress, and not improbably may incite them to the performance of a like homage to the memory of the professional benefactors of the present period. There is no doubt, as stated, that all the counties have furnished many physicians of the character alluded to. But as the limits of an address due from me would be inadequate for their general notice, even were the materials readily accessible, I design only to select—as subjects those who passed their professional lives in Fairfield County, leaving those of other sections for individuals possessing a similar interest for the memories of their deceased brethren, who from vicinity of location enjoy better facilities for obtaining their biographical histories.

Few are the recorded data for biography which ordinarily survive the life of the practitioner of medicine in country districts. The uniform and familiar character of his vocation affords but scanty material for the adornment of general history. Being more familiar with prescription than the pen, or the more brilliant exploits of war or legislation, his fame is lamentably prone to expire with the mem-

ories and lives of those who have enjoyed the benefit of his professional labors.

Individual exceptions, however, are not wanting of members of our profession who have left recorded testimonials of their character and fame. The fortuitous circumstances which often enstamp individual reputation on the page of history have been the possession of some physicians. The indulgence of political ambition, a devoted professional philanthropy, as well as the endowment of transcendent intellect, are no less likely historically to note the physician, than his coequals in general society. Most of those in Connecticut who have attained such fortune, have been presented to your notice by my predecessor. Accessible records have supplied him with facts, by which to delineate the character of his subjects in a manner far more interesting and satisfactory than can be expected for those derived from further gleanings in the past professional field.

It is my design in the portion of these papers devoted to biographical notice to select those who, if less distinguished by general fame, were perhaps of equal usefulness in the dispensation of the simple duties of the medical profession.

Of the early physicians of Fairfield County, I have succeeded in obtaining but scanty information. More, doubtless, might have been derived from the early records concerning individuals, were the modern titular appendage added to their names as a guide to the investigation. This omission, so general, is probably to be explained from the fact, that its degradation by its indiscriminate application to all the pretenders of the period, caused the name "*Chirurgion*" to be considered an appellative more worthy the ambition of educated physicians.

As stated, I have been able to derive but little either from record or tradition, of the early physicians of Fairfield County. It is probable that few of note who made the practice of medicine an exclusive vocation, left the larger central towns to locate in the inconsiderable villages of a border county. As in the state generally, many or most of the early clergy of the county united medical prescription with their clerical duties, and it is probable that most of the more regular prescription was in their hands. Of professional prescribers of the period may be enumerated the successive grades of root and Indian doctors; those, who, originating in these, rose through rational observation, and the aid of attention to existing medical literature, to the station of respectable practitioners; and those who by previous qualification entered the profession with more or less knowledge of the medical science of the period.

The earliest physician of the latter description in the county, of whom I have obtained a knowledge, was Peter Bulkley, son of Rev. Peter Bulkley, of Concord, and brother of Rev., afterward Doct. Gershom Bulkley, of Wethersfield. He resided and practiced in the town of Fairfield, but of his character as a physician I have been able to obtain no particular information. I infer from the probate of his will, contained on the probate records, dated March 25th, 1691, that he died in that year. His age at the time of making his will, dated as above, he declares to be forty-nine years. After special devise of his principal estate, which appears to have been small, he adds, "all the other estate I leave it wholly to my executor, whether physic or other *household stuff*, he knowing all ye concerns about it." His "medicines, simples and in composition," are inventoried at £25. He constitutes his "dearly beloved brother, Gershom Bulkley," his executor, but he declined the trust.

Isaac Hall was also a physician of Fairfield, who died in 1714, but regarding his reputation nothing special is to be obtained. In his nuncupative will on the probate record, he is styled Doct. Isaac Hall, but his inventory exhibits but a meager amount of his professional remains, unless "Culpepper's Last Legacy," included in the list of his scanty miscellaneous library, may have been a repository of astrological mysteries, and therefore afford evidence that he was skilled in the science promulgated by the celebrated author of that name. Sylvester Judd, Esq., of Northampton, who is most conversant with the early records of Fairfield county, states regarding him "he was a physician and especially a *chirurgion*. He was employed by the government in some warlike expedition, and my impression is, that he was somewhat distinguished."

James Laborie, according to such information as I have been able to obtain, was a French physician, a Huguenot, who emigrated to this country about the commencement of the last century. I am indebted to Rev. N. E. Cornwall's historical discourse on Trinity church, Fairfield, for the following. "Doctor James Laborie, a French physician of eminence, who left his native country toward the close of the seventeenth century, and had been ordained by Mr. Kinglet *antistes* of the Canton of Zurich in Switzerland, taught and held service according to the usage of the Church of England, in his own house in Fairfield." In a letter preserved in the archives of the above named church, the doctor informs that he "came to this country as a teacher under the patronage of the Bishop of London, and being disturbed by the Indians in the vicinity of Boston, came to the

colony and county of Fairfield, and began by an introductory discourse to act as a missionary to the English and native inhabitants, but was interrupted immediately by one of the magistrates." This announcement of his efforts in Connecticut was probably made at Stratford, where he seems to have resided from 1708 to 1717, but it appears from the records of Fairfield that he resided there as early as 1718. In forming an estimate of the doctor's character as a religious teacher, as shown above, in connection with the somewhat ludicrous notice which he has received as a physician, in the address of my predecessor, concerning his legal controversy with Mr. Lyron, of Milford, on the subject of his medical charges, a degree of embarrassment may possibly be encountered. For its removal however, and in his justification in the latter capacity, it may perhaps be expedient to interpose the presumption that he had in a degree been indoctrinated in the Jesuitical principles recognized by the truly Catholic of his native France. Tenets thus imbibed may perhaps have prompted the doctor in his evangelizing zeal, to devote his medical prerogative, so signally exercised upon Lyron's purse, as a subordinate for the promotion of the object of his Protestant mission among the heathen in the country of his adoption.

His medical diploma, dated London, 1697, written in Latin, describing him as the son of a celebrated physician of France, was recorded by the clerk of Fairfield county court in 1708. By his will on the Fairfield probate records of the date 1731, he devises to his son James, "all my instruments of *chirurgie* and my French writings." His death, according to the court proceedings, occurred about that period.

Francis Forgue was also a French physician, who it is understood came to America as surgeon of the French forces engaged in the defense of Canada against the English, during the war which resulted in its conquest by the latter. The period at which he left the army, or the circumstances which led to such decision, are at present unknown. Instead, however, of returning to his native country, he located in Fairfield between the years 1755 and 1760, where he practiced as a physician of considerable distinction until his death. Tradition uniformly assigns to Doct. Forgue the character of a well educated physician, possessing superior talents; of gentlemanly deportment, and in his social qualities affable and interesting. A friend who is remotely connected with the descendants of the doctor, writes me that it is his "impression that he was a skillful surgeon, and that he was employed in Washington's army as such. That he

was polite, rather vague in his religious sentiments, perfectly honest and liberal, despising any kind of fraud or equivocation, and careless of his pecuniary concerns so long as he and his wife had enough." Numerous anecdotes current concerning him confirm the above character. The following would appear to exhibit his religious sentiments as coinciding with those of the French school of theologians. Being in company where an animated discussion arose regarding the merits and final prospects of the several religious sects, an appeal was at length made to the doctor (who had taken no part in the dispute,) for his opinion on the controverted subject, who jocosely responded; "By and by Monsieur A. [one of the disputants] die; he appear before the Judge, who say, Monsieur A., of what sect are you? Monsieur A. say, I be Presbyterian. Say the Judge, Monsieur A. you take that apartment. By and by Monsieur B. [another of the party] die, and go to the tribunal. Say the Judge, Monsieur B., of what sect be you? Monsieur B. say I be Episcopalian. Well! say the Judge, Mons. B. you take that apartment." Thus disposing of the Methodist, Baptist, &c., the doctor adds: By and by Doctor Forgue he die, and make his appearance. Says the Judge, Hah! doctor, you come, eh! of what sect are you? I say, Oh! I be just nothing at all! Ah! very well, say the Judge, you go where you please, doctor."

Another anecdote well illustrates the doctor's frank and non-equivocating qualities. He with one Job Slocum and others, being arraigned before a magistrate for card-playing, for which he was passionately fond; and being asked their plea, his companions, as by legal parlance bound, plead *not guilty*! "Bah!" says the more honest Frenchman, "you lie Job! you be guilt! I be guilt! we all be guilt! you know you guilt! What the fine Monsieur Justice?" On learning the amount, the doctor promptly proffered the magistrate double the sum, good-humoredly remarking, "Me play out the balance next time Monsieur Justice; leaving the remaining perplexed offenders of the law to heal its breach, by reluctantly following the *suit* so frankly proffered by their more honest Gallic partner. "*Doctor Forgue's men*," is an appellation, at the present time, often applied to persons of free religious faith.

It is said that he never acquired the fluent use of the English language; but ever kept his accounts and memorandums in his native dialect. His tombstone in Fairfield cemetery contains only the simple memorial of his name, and time of his decease, with the further inscription that "he was a respectable physician and useful citizen." He died in 1783, aged fifty-four years.

It appears from Doct. Sumner's address, that John Copp, styled schoolmaster, obtained the recommendation of the selectmen of Norwalk, and applied for a license to practice medicine in 1705. Rev. Doctor Hall, who is familiar with the ancient records of that town, informs me, "that John Copp was a schoolmaster, surveyor, deacon and town-clerk, which last office he held from 1708 to 1740." Doctor Hall adds, "whether he practiced medicine, I have no means of ascertaining." He died May 16th, 1754, aged seventy-eight years.

Doct. ——— Thomas, practiced medicine in Newtown, and died probably, seventy or eighty years ago. He is said to have been a self-educated physician, and possessed of considerable ability. His widow married, I am told, Nehemiah Strong, formerly mathematical professor in Yale College.

Doct. Uriah Rogers, according to information I have obtained, was born at Braintree, Mass., in 1710, and was a near descendant of Nathaniel Rogers, also a physician, who emigrated to this country, from Apington, England, in 1686, and succeeded President Oaks in the presidency of Harvard College in 1688. Doct. Rogers studied with Doct. Jonathan Bull of Hartford, and was licensed by the General Court in 1733. He soon after located in Norwalk, where he pursued the practice of medicine until his death. He was hospital surgeon in the British army, in the French war, so called, in 1758. At the burning of Norwalk in 1779 by the British, a period subsequent to his death, his late mansion was destroyed with its effects, including his books and papers. The only articles preserved were his silver-headed cane, a present from Gov. Fitch, and his family coat of arms, which is said to be that of the descendants of John Rogers the martyr.

Doct. Rogers is represented as being a distinguished physician, of strong and vigorous mind, and enjoying an extensive practice. He is also represented as being eminent for his piety, of a dignified deportment, and much respected in the community where he resided. He died in 1778, aged sixty-three years. He left six sons, three of whom, Uriah, Hezekiah and David, were physicians. Uriah succeeded his father in the practice of medicine in Norwalk, but died early in life, in 1776, aged thirty-eight years.

Doct. David Rogers studied medicine with his father, obtained a license to practice medicine in New York, and located at Greenfield Hill, Fairfield, where he practiced medicine until age incapacitated him for the active duties of his profession. He died at Norwich in 1829, aged eighty-eight years. He held a respectable rank in his

profession, is said to have been gentlemanly and dignified in his manner, and was active and efficient in the organization of the county society. He held a commission of surgeon in the army of the Revolution; and I am informed was by the side of Gen. Wooster, when he fell at the battle of Ridgefield. This family stock appears to have been prolific in supplying branches of the medical profession; as of Doct. Rogers' five sons, three, viz., David, Charles and Morris, studied and practiced medicine, and his only daughter married the late Professor Dewees of Philadelphia. The son Doct. David Rogers, late of New York, was the father of Doct. David L. Rogers of that city, and also of Doct. James Rogers. Whether acquisitions to the profession, from the other branches have been as numerous, I am not informed.

I am indebted to the politeness of Wm. H. Holly, Esq., of Stamford, for the following notice of the elder physicians of that town, as well as of several of a more recent period, of whom my original design precludes a mention in these papers.

"Doct. Nathaniel Hubbard, died in Stamford in the year 1772, at an advanced age. For forty or fifty years he was the principal physician in the place, and particularly eminent in his profession."

"Doct. John Wilson commenced practice about the year 1760, and continued here until 1796, when he removed to the city of New York. He was a native of Stamford. He died about the year 1802, leaving four sons, all physicians, viz. John, (the father of Hon. John Q. Wilson now of Albany, but for many years a resident of Westport, and judge of the county court of Fairfield county,) Stephen, James and Henry. John and Stephen settled in the city of New York, James and Henry in the county of Westchester."

Doct. Samuel Webb, born in Stamford, March 7th, 1760, son of Col. Charles Webb, a distinguished officer in the Revolutionary war, was *son-in-law* of the above Dr. John Wilson. He graduated at Yale College, about the year 1779, and immediately commenced the study and practice of medicine with Dr. Wilson, and continued in a successful practice up to the day of his death, Dec. 29th, 1826. Doct. Webb ever enjoyed the esteem and confidence of the community to a remarkable degree, not only in his profession, but in his civil relations. On several occasions he represented the town in the Legislature of the State, and for many years filled the office of a justice of the peace. He died very suddenly of enlargement of the heart, in his sixty-seventh year; having previously enjoyed, during life, uninterrupted good health. It is a remarkable fact, shown from

entries upon his day-book, that for fourteen years previous to his death, not a day passed, but he made professional visits."

There were several physicians of the name of Tomlinson who formerly resided and practiced medicine in Stratford. Their respective names, as I learn, were Agur Tomlinson, Wm. Agur Tomlinson, son of the above, Charles Tomlinson, nephew of Agur, and Hezekiah Tomlinson.

I have been able to obtain but little of their biographies, other than that they were highly respectable as citizens, and two or three of the number were of considerable eminence as physicians. The first graduated at Yale College in 1744, and died in 1776, aged fifty-three years. Hezekiah also graduated at the same institution in 1765, and died in 1781, aged thirty-four years.

Doct. Wm. Agur Tomlinson is said to have been somewhat eminent in his profession. He, I am informed, espoused the cause of the king in the war of the Revolution, and retired with most of the Americo-English patriots to Nova Scotia, at its close, where he resided for a period. He subsequently returned to Stratford and resumed professional duties. He is stated to have applied to the State Legislature for, and obtained a special act granting a restoration of his sequestered estate, and also the privilege of collecting his medical bills, contracted previous to his expatriation. He is reported to have exercised this indulgence oppressively on many of his debtors. He died in 1789.

Two gentlemen of the name of Clark, who were brothers, viz., Joseph and James, and also a physician by the name of Russel, practiced medicine at an early period, in Stratford. The Clarks are reported as physicians of eminence for the period; but I am unable to state anything regarding Doct. Russel. Joseph Clark is reported as a physician of eminence, and much esteemed in his profession, a citizen of good principles, and a kind, affable and gentlemanly man. He espoused the cause of the king during the Revolution, in consequence of which his family suffered much indignity from the zealous populace. He fled with his family to the British provinces, where he probably died.

Before proceeding to a notice of the later physicians of Fairfield county, such as were connected with the organization of its medical society, I will briefly allude to the general condition of medicine and medical literature in the county previous to its society organization, as far as accessible facts furnish information on the subject.

Doubtless the medical history of this is similar to that of most other counties in this State; but as association, as well in medical, as in civil relations, was more intimate between the population within the boundaries of each of these geographical sections, it is reasonable to suppose, that influences would originate from such intercourse, which would establish peculiarities, not only in their ordinary domestic relations, but also in the sentiments and habits of practice among the physicians of each county.

In the early periods of the settlement of the State, intercourse among her physicians was circumscribed, and access to medical literature difficult. Medical morals therefore, as well as prescription, doubtless in a considerable degree, received modification from the character and qualification of individuals who were the administrators of the healing art. Hence it is probable that each county presented a medical character considerably deviating from that of its neighboring counties.

Among the causes of sectional peculiarities in the State of the medical profession, not the least was an unequal numerical possession, by its several counties, of physicians of a more refined and exalted education.

It may readily be conceived that the medical character of each county would be elevated or depressed in a ratio proportionate to the enjoyment, or absence of the salutary influence which such must exert upon the sentiments of the community in which they resided. In counties numbering but a limited portion of physicians of this description, it is to be presumed, that the public sentiment regarding medicine would be moulded by and made conformable to the inculcations of the empirical pretenders, while in sections enjoying the teachings of a greater portion of the honorable and educated, a more accurate and elevated estimate would be formed relative to the merits and claims of the various medical administrators within its precincts.

In fields preoccupied by the quackish pretenders, who had cautiously intrenched themselves in the favor of a marvel-seeking public, by exhibiting the mysteries with which they ever envelop their art, the honorable and scientific physician could hardly be expected to seek his fortune. To such fields, therefore, would the various species of pretender, who ever shrink from the light of science, retire with the object, not only of reaping the pecuniary harvests which they presented, but with the view also of escaping the dangers of a detection of his devices. In common with other border counties of the State, Fairfield county originally enjoyed less the councils of the better educated physicians

than counties more central and populous; consequently it experienced more and longer than those, the evils of empiricism and quackery.

Although its several larger and populous villages early possessed their so called regular physicians, yet these were mostly derivations from the root and Indian doctors, whose professional habits had been formed in the schools whence they originated. A portion of the more rational of these sought association, and gradually became assimilated in practical views with their systematically educated brethren; but while assuming such position, they did not hesitate from motives of enhancing their interests, to foster the popular notion shrewdly inculcated in their *Alma Mater*, that diseases of peculiar location were of special and indigenous character; and that their specific remedies existed principally in the forests and fields in which they originated. Many of these practitioners, however, who possessed greater honesty of character, connected with a native taste for the science which they professed, in the emergencies occurring in their practice resorted to some "*printed guide to health*," and perchance to the works of Boerhave or Sydenham, which not unfrequently became their standard counselors in practice, and also their instructors in the leisure of their domestic retirement.

By such discipline, aided by observation of the character of disease, as well as by occasional consultations with better instructed physicians, many of this self-educated class became elevated to a respectable rank as practitioners, and useful in the community where they resided. By means of such improvement in the qualification of its professors, the healing art advanced in respectability; the absurdities of the medical impostor were exposed to the judgment of the reflecting; and the popular sentiment which had been trained in the belief of its marvelous results, was gradually led to contemplate medical science in the view of the ordinary sciences, which like these, being based on sensible and rational principles, was to be acquired, but through a patient and careful investigation.

It has been remarked that the more considerable villages usually enjoyed the advantages of the services of regularly educated physicians. By reason, however, of the scanty means afforded for the acquirement of medical knowledge in the early periods of our State's history, the remark may not be deemed invidious, that far the larger portion of medical practitioners, at the commencement of their practice, probably possessed less theoretical medical literature than that acquired by the diligent student of medicine at the present time, after a pupilage of a few months in the office of the private practi-

tioner, exclusive of the instruction which he receives from a course of lectures in a public medical institution.

Occasionally might be found in the more populous districts, physicians who had received their education in European schools. Such were generally versed in the medical science of the period, and of course were important accessions, not only to the community which enjoyed the benefit of their skill, but also to the medical profession by the influence which they exerted in the elevation of the standard of its character and general qualification.

The early source of medical knowledge in the New England colonies, was only that of the private practitioner; and as most of these were versed only in the more immediately practical branches, such as *Materia Medica*, *Theory and Practice*, &c., a passable familiarity of the student with these, was deemed adequate qualification for the exercise of his skill as a public practitioner. Extensive attainments in Midwifery and Surgery were deemed of secondary importance to the medical practitioner; for the reason, that while cases of the former were commonly presided over by the professional "*gudewife*" of the neighborhood, the important cases of the latter, as at the present time, were submitted to the skill of the professional operator in that department.

As far as I have been able to obtain information, calls upon the physician to perform obstetrical duties were rare prior to 1800; or perhaps in some locations, a few years previous. In periods considerable earlier than the date mentioned, it is believed that in no cases were their services required, except perhaps in a few rare instances, which were attended with circumstances of a difficult or untoward character. Previous to the formation of the county society, it is believed that the time devoted to medical qualification, even of the regular practitioner, was optional with the candidate for public favor. His reliance for a successful practice was more upon the popular decision regarding his skill, than upon certificates of qualification which he might derive from his medical teacher. However short may have been the term devoted to the acquirement of medical science, those adopting the system of the then recognized regular practice, were readily acknowledged and received into the ranks of the professional fraternity, with the members of which, mutual consultations were held over their respective patients.

In a condition of medical literature, like that of the period under consideration, it might be expected that a preponderating ratio of empiricism would necessarily become blended with its elements, as well

as in the practice of its professors. Indeed such is the view of the practice of the period, as contemplated by the modern observer, that its character is necessarily represented as partaking more of a systematic empiricism or charlatanry, than of an elevated scientific profession. In extenuation, however, of such professional state, it ought to be taken into consideration, that the sources for the acquisition of medical knowledge in the American colonies were few and scanty, and the means for its attainment abroad were accessible to but few. The emergencies of disease, ever existing wherever there was population, the public, therefore, were necessarily impelled to the employment of such professors of the art of healing as were attainable in the vicinity of its occurrence, and that often without the option of a selection between the better qualified physician, and the dispenser of nostrums or Indian specifics.

With alternatives thus urgent to influence a public possessing few of the present facilities for scientific acquirement adequate to direct its decisions, or indeed, in most instances, of even judging by comparison of the qualification of medical claimants on their favor, it may readily be conceived that a limited discrimination would be exercised in the selection of a medical adviser. Nor did it present a new problem in the science of human nature for solution, when it was discovered that abundant unscrupulous candidates for popular favor should be found as adventurers upon their fortune in the profession, with but a modicum of knowledge of the intricate sources of disease, or of the nature of the active agents of the *Materia Medica* adapted to their removal.

As ignorance is the parent of quackery and empiricism, little else could be expected of the earlier professional character of the state, than its history actually presents. But the fact that a considerable portion of society at the present period, enjoying the advantages of a general diffusion of education and scientific refinement, with the educated physician accessible to all, should with an eagerness and ready faith, worthy of former times, embrace such baseless and ephemeral novelties, as the Botanic, Homeopathic, and Hydropathic vagaries, as well as the flood of popular nostrums which deluge community, (and that not merely by its more ignorant members, but also embracing many of the better educated class,) presents a psychological enigma of more difficult explanation. With such abounding credulity, thus manifested, relative to the healing art, we may cease to be surprised that in darker eras of our early history, embracing a marvel-loving public, and a medical profession whose members

were irresponsible to codes, sanctioned by a majority of its constituents, the toils and pecuniary sacrifices incident to a competent medical education should be evaded, for the more enticing embrace of the emoluments proffered by the immediate assumption of the office of physician.

It certainly affords evidence that as conscientious rectitude and philanthropy are marked characteristics of the medical profession, since, with the fact so strikingly presented to the student of medicine, that the quack will share with him his portion of public patronage, he, notwithstanding, submits to the sacrifice attendant upon the acquirement of such education as alone can qualify him for the office of a competent physician. With a medical profession imperfectly educated, like that of former times, and a public sentiment schooled and disciplined in the belief of its mysterious resources, it might reasonably be anticipated that knavish pretenders as well as the dishonest of the profession, would seek the promotion of their interests, through announcements of various specifics, assumed as marvelous revelations of indigenous agencies, which were particularly adapted to the prevalent diseases of the same location; or that the mysterious manifestations of the Indian character, associated with his marvelous traditions, would be made available for the purpose of exciting the imagination of the credulous, and thereby beguiling them to devote both their health and interests at the shrine of their unhallowed ambition.

It is manifest that dishonorable arts and devices of this description, solely designed to inure to the profits of their inventors, especially when resorted to by members of the profession, could not fail to be prolific of discords among neighboring physicians, such as are too well known to have characterized and disgraced the medical society in Connecticut.

In Fairfield, and probably in other counties, a melancholy disregard of professional etiquette characterized most of her physicians previous to the organization of her Medical Society; and I am compelled to add, that the confirmed habits of many practitioners protracted the evil for a considerable period subsequently, notwithstanding its salutary provisions of codes and by-laws, with the object of suppressing the evil. Friendly professional intercourse was rare among neighboring physicians. Many habitually visited and prescribed for patients in the absence of, or without the knowledge of the regular attendant; and facts too clearly prove, that often petty and dishonest devices were resorted to, with the object of supplanting an absent rival in the confidence of the patient or his friends. It was

not uncommon in such circumstances, for the receipt attendant to denounce the treatment of his predecessor, and after a summary consignment of his medicines, either to the fire or through the window, to substitute from his own stores those, most likely, of the same, or of a similar character.

It is deplorable to contemplate such utter prostration of honorable deportment, by men professing to be members of an ostensibly learned and honorable profession; by those too, who, there is reason to believe, were sufficiently observant of a gentlemanly demeanor in their intercourse with other members of the community.

Such being the view of medical society presented by a retrospect into its past history, it would be interesting to investigate and portray the causes which have effected its present comparatively elevated and improved condition. It would be equally interesting to note the different phases of melioration through which the medical society in Connecticut has passed in its progress to the superior moral and scientific position which it holds at the present time. But the discussion would be incompatible with the present design, even did the circumscribed limits of an address on this occasion afford adequate space. It can not, however, be matter of doubt, that the improvement has been effected by the unremitting labors of a few of the master spirits of the profession, who have lived in the different eras of our professional history. These experiencing and deploring the existing evils, and impressed with the conviction of the inadequacy of detached individual efforts for their correction, ultimately devised the remedy of society association, by means of which, a concerted influence of the more respectable physicians of the State, might, more effectually, be directed to the promotion and advancement of the interests, as well as the respectability of the profession.

No doubt much had been effected by individual assiduity, previous to the establishment of medical associations. But such detached and limited efforts had been proved manifestly inadequate to effect a reform of an entire system, defective not only in its general scientific qualifications, but also depressed in its moral character, by the long established unsocial and unprofessional habits and practices of a large portion of its members. It is manifest that to remedy the former, an elevated and uniform standard of education was required, by which the qualification of aspirants to membership were to be tested, and their claims decided by a competent tribunal delegated with adequate authority to deny admission to the incompetent; while to effect the latter, such codes and regulations, promulgated by a no

less potent authority, were demanded, as might prove restraints on the propensities of such of its members as were then, as at the present time, unfortunately endowed with a predominancy of the selfish impulses over their honorable sentiments.

With the laudable object of effecting a professional reform and improvement, the physicians of several towns and counties embraced the plan of society association, as the most effective means for its accomplishment. Experience soon manifested the happy effects of the system; and that its greatest possible good might be attained, the plan of a general State association was conceived and ultimately adopted by the various county societies. This received incorporation by act of Legislature in 1792.

The design of organization was not simultaneously embraced by the various sections of the State, but each with zeal, successively adopted a measure, the happy effects of which were plainly manifested upon the medical society of the sections which had experienced its benefits. . The city of Norwich, and Litchfield County, appear to have taken the initiative in medical organization; the first in 1762 or 3, the last in 1765. Windham and New Haven counties, a few years later, followed the example set by the first mentioned, and instituted their societies. Fairfield county appears to have been more tardy in the formation of her society, which was organized in 1792; being a few months subsequent to the incorporation, by the Legislature, of the State Medical Society, which was granted in the spring of that year.

Although Fairfield was later in the movement of organization than its sister counties, yet I am led to infer that a no less active sentiment for reform existed in the minds of her physicians than that already manifested in the other sections of the State. This is shown from the fact that her society records exhibit, appended to the original articles of the association, the names of forty of her most respectable cotemporary physicians, being probably about the number of regular practitioners in the county, at the period of its organization.

In view of this ready concurrence and support obtained for her society, from so large a portion of the physicians of the county, it is with regret that I am compelled to the admission, that subsequently, and even at the present time, a large number of respectable practitioners of the county, question its utility and withhold their influence and the pecuniary aid requisite to sustain its action for the attainment of the greatest good for which it might be made susceptible. I am happy, however, in being able to state, that most of its repu-

diators, virtually admit the salutary influence which it has effected, by their practice of a professional deportment, accordant with its police established for the regulation of professional intercourse between its members.

I learn from its records, that the Fairfield County Society united with a commendable zeal with those of the other counties, in an application to the Legislature for the charter of the State Society. At its first meeting at Redding, March, 1792, the following vote appears:—"Voted, that Drs. James Potter, John Lester, and David Rogers, be delegates to meet delegates from other counties in the State, at Hartford, in May next, in order to form a plan of general incorporation, to lay before the Hon. General Assembly at their next session." The first delegates (so termed) of the society to meet at convention in Middletown, were appointed in September 1792, and consisted of Drs. James Potter, Thaddeus Betts, Hosea Hurlbut, James Clark, and Amos Mead. That the office of Fellow at that time was one remunerated by love and patriotism only, would appear from a vote of the society, preceding the appointment of the gentlemen above named, as follows:—"Voted, that this meeting will make no compensation to the delegates to the Middletown Convention."

It also appears that the somewhat *characteristic repugnance* to taxation, at present existing with a portion of the physicians of Fairfield County, instead of being an infection of recent origin, is but the development of a predisposition, derived from their professional progenitors; as appears from the following vote passed at the county meeting in May 1793—Voted—"That whereas the Hon. General Convention of the Fellows of the Medical Society of Connecticut, at their session at Middletown in October last, voted, that they have power to levy and collect taxes for their own support and expenses while in Convention; it is the opinion of this meeting that said Convention of Fellows have not said powers, agreeable to the act of incorporation of the Medical Society; and that the delegates of this county give information of this vote to the adjourned convention to be holden at Hartford on the 16th day of May."

A reflective *panacea*, however, seems speedily to have suppressed the tendency to a development of the affection in the minds of those originally affected, while that of inheritance has, in some cases, proved obdurate and irremediable. It would appear from the following vote that the above was dictated rather by a constructive view of the act of incorporation as regards taxation, than of hos-

tility to the principle. At a meeting of the County Society in 1796, it was voted, "That the President and Fellows of the Connecticut Medical Society in legal Convention, shall have full power to levy taxes on themselves, not exceeding one dollar on each member per annum." Also it was voted—"That the President and Fellows of said Society, in convention, shall have ample power to impose such pecuniary penalties on the members of said society, for a transgression of their *By-Laws*, as may be deemed necessary for the well ordering of said society, not exceeding the sum of \$50. It was also voted "That it is the wish of this meeting that the General Assembly be solicited by General Convention to absolve the members of the Medical Society of the State of Connecticut, from paying the moneys taxed for the support of the civil list; provided the like sum be yearly taxed, and collected, and appropriated for the sole purpose of diffusing medical knowledge—voted, that the above vote be transmitted to the medical convention." A vote similar to the above was repeated in 1798; but what action resulted, if any, does not appear.

The following Preamble and Resolution, passed in 1794, exhibit a zeal in Fairfield County Society, for the cultivation and diffusion of medical knowledge, among its members, worthy of imitation by the present members of all medical societies,—viz :—"Whereas the material end, use and design of the Medical Society of Connecticut was to diffuse and cultivate medical knowledge among the faculty; and as this noble purpose can not be answered in any way so well as by the members mutually disclosing any thing that occurs to their minds that may be in any way useful, either in the theory or practice of medicine—Resolved, that it shall be the duty of every member of this Medical Society to exhibit, at least, once in two years, to the society, a dissertation on some medical subject, or relate an account of some cases in the course of his practice that may be marked with most peculiarities, together with his remarks thereon. Resolved—That if any member shall refuse to comply with the foregoing resolution, he shall be considered as guilty of neglect of duty to this society and to mankind in general." Though the requirements of the above resolution were probably not realized to its full extent, yet the records of the society and present experience prove that, through written and oral communication, elicited by the association, much has been effected in the dissemination of individual experience and observation among its members.

By means of adequate police regulations, originally adopted and occasionally modified to meet existing emergencies, a salutary re-

formation has been effected of the unsocial habits formerly characterizing professional intercourse. Indeed, at the present time, such is the degree of professional comity generally observed by the physicians of Fairfield county, that even private complaints are rarely heard of its breach in the ordinary intercourse of neighboring physicians.

It will probably be claimed by repudiators of medical societies, that the improved condition of medical science is a necessary sequence of the advanced state of general literature characterizing the period; and that the improved moral and social habits of the profession have been the natural result of the superior refinement of modern society compared with that of preceding eras. While it is conceded that the cultivation of science tends to refine the taste, and to strengthen the honorable feelings of the few who are its devotees; yet it may admit of question whether, as regards the "*utile in modo*," in the present age of activity of the selfish passions and propensities, society can justly boast a marked superiority of the social and honorable accomplishments over those of the past century.

But to what cause, it may pertinently be asked, has medical science and the social improvements of the profession been indebted, more than to the efforts of its members which have originated and been promulgated by the authority of the various associations of the period? It is futile to contend that the innate selfishness of some individuals, in all professions, can adequately be restrained, except by the force of a general public, as well as professional sentiment, expressed by means of codes emanating from majorities of individuals in recognized association.

It requires but a reference to the known tendencies of human nature to predict, that should the existing system of medical association be abandoned, and the former comparatively secluded state of medical society be reintroduced, no existing refinements, whether social or scientific, would prove adequate to sustain unharmed, its present advanced position. There is reason to apprehend that our professional system, with its centric influences thus unhappily dissevered, and the affinities of interest remaining to assume their native sway over its detached and less responsible constituents, as in former periods, still contains a sufficient amount of discordant elements, not only essentially to derange its existing fraternity, but also greatly to endanger its scientific progress.

It is therefore much to be desired that the repudiators of our medical organization; those who by their frequent interrogatory "*qui bono?*" manifestly depreciate its character and importance, both in

view of the public and many of the junior members of the profession, should institute a comparison between the present and past social and scientific history of the medical profession in the State, and then decide to what causes its present improved condition is to be attributed.

It is presumed that such candid investigation will furnish sufficient evidence to convince the most skeptical that it is through the emulation, stimulated by the fraternal intercourse of its members in the various public associations, that we have been enabled to realize the present improved moral and educational superiority of the profession over its past condition; and that it is through a continuance of the same agency that we may confidently hope for a progressive advancement of its respectability and importance in the estimation of the community far beyond its present position.

It has been noticed that most of the respectable physicians of Fairfield county embraced with alacrity and zeal the plan of society organization. Also, the records of its society have been noticed, to prove, that their attention was early directed to professional improvement, by their adoption of measures for the diffusion of medical knowledge and experience among its members. A police system was also early established, designed to remedy evils which had long interrupted the harmony and fraternity of the medical society in the county; an abuse indulged to such extent as, not only to derogate the character and rank of the profession in the view of the community, but doubtless, in many cases, instead of its officiating as an agent of mercy, it became rather a demon of evil to many a luckless subject, whom disease had chanced to prostrate on the arena of conflict of his medical attendants.

Indeed, such was the existing emergency that had been induced by the indulgence of empirical habits, by some of its physicians, that professional contention was rendered proverbially illustrative of discords in society generally. Individual experience, whether real or assumed, was habitually vaunted with the object of beguiling the imagination of the credulous; and with many reputedly respectable physicians, the art of abstracting the legitimate patients of neighboring rivals was paramount to that of healing their respective diseases. Indeed, self-interest, sought to be promoted by such dishonorable means, appeared as the object that swayed many practitioners, rather than the honorable and liberal efforts adapted to the advancement of medical science and the public health for which they professed a special regard.

To effect a reform of this depressed state of professional character, and to advance the scientific interests of the profession, was the object of those patriots who originated, and by assiduity effected the medical organization of Fairfield county. They successfully encountered the Herculean task and by the continued efforts of their successors, the hydra evils, so detrimental to the medical character, have nearly disappeared from the field of their former influence. Those worthy pioneers now all rest from their labors, but their invaluable works remain, and it is their due that their names be held in grateful remembrance by those who have succeeded them in the same field of professional toil.

The names of the original subscribers of Fairfield County Society, who were cotemporary practitioners in the county, are the following, viz.

ASAH FITCH,
JONATHAN KNIGHT,
PRESERVE WOOD,
GABRIEL BALDWIN,
EZRA CURTIS,
DAVID HULL,
JAMES E. BEACH,
STEPHEN ROCKWELL,
WILLIAM SHELTON,
JOSEPH TROWBRIDGE,
JAMES CLARK,
THADDEUS BETTS,
THOMAS DAVIS,
ELISHA BELCHER,
JAMES POTTER,
DAVID ROGERS,
JAMES SCOFIELD,
HOSEA HURLBUT,
LEWIS BEERS,
AMOS MEAD,
JONATHAN POOR,

SHADRACH MEAD,
GIDEON SHEPARD,
ELIJAH HAWLEY,
OLIVER BENCROFT,
AMOS BAKER,
SAMUEL WEBB,
JOHN LESTER,
BENNETT PERRY,
ELI PERRY,
ORANGE BENTON,
BENJAMIN CURTIS,
JOHN WOOD,
STEPHEN MIDDLEBROOK,
AUGUSTIN MERWIN,
JOHN R. GREGORY,
AMOS BOTSFORD,
WILLIAM BEARD,
DANIEL BEARD,
WILLIAM EDSON,
MINOR HIGBY,
GIDEON BEARDSLEY.

It would afford gratification, did the occasion admit, to bestow a particular notice of each individual, whose names are appended to the foregoing list; but as this is denied, I shall select those only, who from their popular estimate as practitioners, or from their mental characteristics, enjoyed a more extensive reputation in the community in which they resided.

As a tribute, however, due to those whom our limits forbid a more particular mention, I may generally state, that they were respectable and valued practitioners; many of their number possessing

merit and qualification, as such, not inferior to others who, endowed with those fortunate characteristic traits which ever arrest popular attention, enjoyed a more extended and prominent reputation.

Dr. James Potter resided and practiced in Sherman, originally a part of New Fairfield, a town in the north-west part of Fairfield county. According to the best information I have obtained, his native place was Southington in this State. I have not been able to learn where or how he was educated. Rev. M. Guelston of Sherman thinks, that he most probably obtained his medical education under the instruction of his relative, Dr. Potter, formerly a physician of Wallingford. Dr. P. appears early to have united and become a member of the New Haven county society, previous to the organization of that of his own county, and was the third president of the Connecticut Medical Society. He was probably the prime agent in the institution of that of his own county; as its records show that its first meeting was assembled by his notification. Its honors were more frequently bestowed on him than on any other individual member. As a practitioner, however, I do not learn that he possessed scientific or practical qualification superior to many of his brethren of the county. His zeal was ardent in the promotion of the interests of the profession, and to its exercise, is undoubtedly to be attributed the ready acquiescence obtained from so large a portion of her physicians, for the proposed county organization. The notice which Dr. P. has obtained from my predecessor supersedes the necessity of an extended mention of his public character. Rev. M. Guelston writes regarding him: "as a physician he was highly esteemed here, and in a wide circle around. No intruder could have encroached upon his business. In the political, civil and religious community, his agency and influence was great, and his memory has been cherished by all who knew him. He was a popular teacher, and instructed many students the science of the profession."

He is said to have been of social habits, and so passionately fond of angling as frequently to resort to the waters of Long Island Sound, a distance of twenty or thirty miles from his place of residence, to indulge his favorite recreation. Of his personal appearance a friend writes: "He was of a grave and venerable appearance; being one of the last who wore the small clothes and triangular (or Puritan) hat; dressing his tall figure with neatness and elegance. He was of a companionable temperament, and celebrated for telling anecdotes." He died Feb. 10th, 1804, aged 67 years.

Dr. Gideon Shepard was a practitioner and native of Newtown.

I have learned that he studied medicine with Dr. Thomas, a professional predecessor in his native town, who is said to have been a reputable practitioner. I suspect that the early acquirements of Dr. S. were not extensive; but if such was the fact, he eminently compensated for the defect, by an habitual devotion to the science of medicine, and its observant application to the diseases which he treated. My early impressions of the doctor are, that he devoted greater attention to the occurring improvements in medical science than most of his cotemporary brethren.

Although not endowed with extraordinary intellectual powers, his talents were respectable, and of a character calculated for usefulness, rather than display or striking originality. If he did not attain eminence as a professional scholar, he was diligent in his efforts to acquire such portions of existing medical literature as were more immediately adapted to the emergencies of practice ordinarily presented to the notice of physicians. To his juniors in the profession, Dr. Shepard's deportment was ever urbane, and his counsels to them, disinterested and parental. His professional coevals in neighboring towns, generally conceded to him a precedence, as a consulting physician. The following vote from the records of Fairfield County Medical Society sufficiently evince the estimation in which he was held by his brethren—"Voted, That Dr. Gideon Shepard receive the patronage of this society in consumption and chronic cases of disease, and that it be the duty of all members of this society to recommend him, when counsel is deemed expedient, &c., and that it be his duty to report all cases of that description to which he may be called to attend, with their particular symptoms, the particular medicines, and the constitution of the several patients, together with the predispositions of their ancestry."

Although the existing generation of physicians may smile at such blending of professional opinion with popular belief regarding excellence of the skill of individuals in special classes of disease, yet the fact is undoubted, that such were professional concessions as late as the close of the last, and commencement of the present century. His mode of treatment of consumption, as I learn from his statement of cases left on the records of the society, was not peculiar; being in general mildly antiphlogistic, and similar to the present treatment of Phthisis. To meet occurring symptoms, local bleeding, counter irritants, with anodyne and demulcent expectorants, were his general prescriptions.

Doct. S. was somewhat eccentric in character, but social, instruct-

ive, and agreeable in his intercourse with society. In his religious sentiments, he was a zealous Sandemanian. He ever sustained a reputation of great moral purity; and while he was highly esteemed by his friends, his enemies or traducers were rarely found. What few physicians can boast, he was the father of seventeen children; thereby practically refuting the possible charge, that while enjoying the profits of a special branch of his profession, as a prompt accessory in the accumulation of responsibilities on his friends, he was cautious in the assumption of similar burdens on himself.

He is said to have been of an extremely charitable disposition, and indulgent as to his pecuniary claims upon his poorer patients. This disposition, with the necessary demands for the support of his numerous family, ever kept him poor, though not indigent, as regarded a respectable living. Doct. S. was one of the most prominent of the originators and supporters of the Fairfield County Medical Society; and the records of this convention will show, that he was one of its most frequent and active members. He died a few years since at Hunter, New York, where he resided with one of his daughters, when incapacitated from age for the practice of his profession, at the advanced period of eighty-nine years.

Doct. Bennett Perry was a cotemporary practitioner with Doct. Shepard in Newtown. He was a son of Doct. Nath. Perry of Woodbury, a highly respectable physician of that town. The son, probably, acquired his profession with his father; when he located in Newtown, where he practiced medicine until his death, which occurred in 1821, aged sixty-six years. His reputation is that of a physician possessing superior talents, well developed by education, and an able, respectable and highly accomplished practitioner and citizen.

Doct. John Lester was, I have understood, a native of Massachusetts. He studied medicine with Doct. Nath. Perry of Woodbury, who it would appear was among the most prominent medical teachers of the period. He commenced practice at the age of twenty-one, about 1789, at Huntington. Doct. L. was one of the most respectable physicians of the county, and an active and efficient member of its medical society; in the organization of which he sustained a prominent part. His death occurred in 1802, aged about thirty-five years.

Doct. Wm. Shelton was a native of Huntington, a graduate of Yale College in 1788. He pursued his medical studies I am informed, in part with Doct. Eneas Munson, and was for a time under the instruction of Doct. Wm. Agur Tomlinson of Stratford. He first

located and practiced in Trambull, but on the decease of Doct. Lester, he removed to his native town, where he continued its principal physician until his death. Doct. S. was a talented, skillful and most respected physician. He was an influential pioneer in the county society organization, and ever continued one of its principal supporters. He was the father of Doctors William Shelton of Stratford, and James H. Shelton of Huntington. He died in 1819, aged fifty-two years.

Doct. David Hull was a native of the town of Derby. He was the son of — Hull a resident of that town, and brother of Gen. Hull of Detroit notoriety. He was also uncle to Com. Isaac Hull of the Navy. He graduated at Yale College in 1785, and studied medicine with Doct. Titus Hull of Bethlehem, a proprietary of the celebrated "Hull's Physic." He located and practiced his profession in Fairfield, where he continued a highly respectable and respected physician until his death, a period of nearly half a century. He enjoyed an extensive practice not only in Fairfield, but, especially in cases of cholera, in the adjacent towns, where he was often called as a consulting physician. Doct. H. acquired from his preceptor, who I believe was a distant relative, a knowledge of the composition of "Hull's Physic" in consideration of his name. The composition of this nostrum was a secret which its inventor allowed to be imparted but to those of his name; and to those, but with the condition that such only as enjoyed the family cognomen were to be admitted as candidates for a reception of the concealed treasure. Such was the position of Doct. David Hull in relation to this celebrated nostrum; for which he encountered the censorious remarks of his medical brethren abroad, and not unfrequently, those of his own county, who were less familiar with the unostentatious mode in which he employed it.

In justice to the professional memory of Doct. Hull, and in vindication of a friend whom I much esteemed, I am happy in being able to state from personal knowledge, that without proclaiming the specific virtues of the pills in the cure of cholera, on which disease its popularity was based, or in any degree adopting the mode of nostrum proprietors in announcing their bantlings for public attention, he unpretendingly employed them in his practice as a favorite laxative in that, as well as various other diseases in which he deemed them appropriate, simply under the denomination of his *Aloetic pill*. He was from its origin, and ever continued a member of the county society, notwithstanding the existence of its stringent *by-laws*, and

the known detestation of empiricism, which actuated its most prominent members. The tolerance which Doct. H. experienced from his cotemporary brethren, under such circumstances, might be deemed adequate evidence of their estimate of his character, as a respected and honorable member of the county society; but in addition, the following vote on the society record, exhibits positive proof, that he was recognized as a valued and esteemed member, whose influence it was deemed desirable to secure and retain, for the promotion of the object for which it was organized. Voted, "that a committee be appointed to call on Doct. David Hull, and inform him, that by paying his taxes in arrears, he will be considered an honorable member of this society, without inquiry into the secret of the composition of *"Hull's Physic."* A committee of three of the most respectable members were, in accordance with the above vote appointed, and Doct. Hull remained a most esteemed member of the society until his death, which occurred in 1834, aged sixty-eight years.

I am indebted to the politeness of Professor Knight, for the following notice of physicians who practiced in Norwalk, his native town.

Doct. K. in reply to a communication on the subject, states, "The oldest physician whom I knew, and the only one of any distinction, when my father settled there, was Thaddeus Betts, M. D. He was, I believe, a native of the town, a graduate of Yale College in 1745, one of the original members of the Connecticut Medical Society, and received from it the degree of M. D., at an early period of its existence. He died in 1807. He was a man of great excellence of character, well informed in his profession, and a judicious practitioner. I think he made no pretensions to surgery. I recollect him as a cheerful, pleasant old gentleman, abounding in wit, and instructive in his conversation.

"My father, Doct. Jonathan Knight, was born in Lisbon, then a part of Norwich, Conn., Jan. 10th, 1758. He studied medicine with Doct. Ladd, a physician, of that neighborhood. In 1776 or 7, he entered the army, and was surgeon's mate of the Connecticut Regiment, under the command of Col. Durkee or Durgess. He was with the troops under Gen. Washington at Valley Forge, during that most dispiriting period of the war. He left the army in 1780, and settled in Norwalk in 1781-2. For many years he was actively and extensively engaged in practice, principally as a physician, in that and the neighboring towns. He continued in the performance of the active duties of his profession, until they were diminished by advancing

years and increasing infirmities. He died March, 1829, in the seventy-second year of his age."

I would add to the above statement of Doct. Knight, that Doct. T. Betts was the grandfather of Hon. Thaddeus Betts, late of the United States Senate. Doct. Knight, besides the esteemed writer of the above, had another son, Doct. James Knight, who located and practiced in Stamford, but died in early life, about the period 1818. Doctors Betts and Knight were among the most prominent and influential members who aided in the establishment, and were zealous supporters of the Fairfield County Medical Society.

Among the most eminent physicians of Fairfield County was Doct. Hosea Hurlbut of Greenfield Hill. He was a native of Berlin, Conn., and son of Samuel Hurlbut of that town. He commenced the study of medicine with his celebrated and eccentric uncle, Doct. James Hurlbut of Wethersfield. He was for a time a student in the office of Doct. Wolcott of Litchfield, the elder governor of that name. While there, he numbered among his intimate associates, Judge Reeve, Aaron Burr, John Allen and Oliver Wolcott, Jr. Even among such intellectual associates, he is said to have sustained a distinguished part, through the exercise of a marked original genius, a ready scintillating wit, and interesting conversational powers. He subsequently commenced practice in the upper part of Middletown, from which place, after a short residence, he removed to Greenfield, in the town of Fairfield, where he resided until his decease, distinguished alike as a physician, and man of generally cultivated and rare genius.

Doct. Hurlbut possessed a high sense of the dignity of his profession, and ever abhorred duplicity in all its forms. He despised alike the medical empiric, the legal pettifogger, and the small politician, who seldom failed to receive, and sensibly to writhe under the castigation of his pungent shafts of witticism, by which, with acute aim, he rarely failed to mark his victim.

In addition to his familiarity with the medical literature of the day, his attention was so far given to belles-lettres science, that, with the aid of a remarkably retentive memory, many of the classic poets, as Milton, Dryden, Pope, Young and Johnson, he was accustomed to repeat nearly entire from memory.

The doctor himself possessed a rare poetic genius, which, however, was more employed in aid of occasions inviting the exercise of his masculine satirical powers, than in the ordinary gentle effusions of the muses. He rarely permitted the publication of his poetic pieces.

One, however, entitled the Quack, directed against the charlatanry of a professional neighbor, he published anonymously, with scathful effect upon its unlucky victim.

Such was the retentiveness of his memory, however, that most of his poetic compositions, he could readily repeat. Several of these I have heard him recite, which in poetic gracefulness even surpassed, while the pungency of their satire was not inferior to that of Peter Pindar or McFingal.

Among the many anecdotes which might be adduced to show the doctor's instant wit and ready application of quotation, the following is pertinent. Being in a company of attorneys, one of the number, with the design to rally a repartee, asked the doctor why perpetual unbrotherly feuds were so characteristic of the members of the medical profession? at the same time boastingly remarking, "Not so with us lawyers; we ever live in neighborly harmony; quarrels hardly being known to exist among us." Says the doctor promptly in the language of Milton—

"Devil with devil damned,
Firm concord holds. Men only disagree,
Of creatures rational" &c.

As a physician, Doct. Hurlbut was doubtless far in advance of the generality of his cotemporaries. His views of the treatment of diseases approximated more to modern practice, than the overdrugging which characterized the era in which he practiced his profession. He was opposed to *polypharmacy*, and ever directed his treatment with a view to aid the salutary efforts of the economy in its struggles against diseased action, rather than embarrass them by the burdensome influences of a great variety and excess of prescription. The chief object which he ever kept in view, was a diet and regimen adapted to the condition of his patient, and the exhibition of such medicines as existing symptoms appeared to indicate. It was his marked disapprobation of the contrary practice pursued by most of his neighboring brethren, in connection with the pointedly expressed disgust of the petty arts practiced for procuring patients, which drew upon him an excess of their hostility, and caused him to be frequently denounced by them, as a cynic inimical to the interests of the profession.

Doct. Hurlbut possessed a remarkably fine personal appearance. His form was commanding, dignified and graceful. In conversation, his language was chaste and select. Vulgarisms, whether in sentiment or expression, met his frowning rebuke; and all acts of a mean

and dishonorable character, which were subjects of his observation, ever met the flaying force of his satirical lash. He was scrupulously neat in his person and temperate in his habits. He was a regular reader and admirer of the Bible, and a firm believer in the truths of Christianity. He died April 25th, 1825, aged 80 years, leaving a reputation that will long survive him throughout the community in which he lived.

Being a neighbor and friend to the doctor in the early period of my professional life, I had the fortune of attending him in his last illness. An anecdote occurred at that time, well illustrative of his character and of the force of the ruling passion in death. The disease which terminated his life was a paroxysmal, and extremely painful affection of the stomach, of an obscure nature. For several days he retained an unclouded intellect. During the intermissions of the painful attacks he was, as usual, social and communicative. Being sensible of his approaching end, and having been for a long period on unsocial terms with Dr. Hull, he expressed the commendable wish for an interview for the purpose of a reconciliation. Dr. Hull readily reciprocated the feeling, and an amicable adjustment was the result. During the interview, in the absence of his painful paroxysm, the doctor's favorite topic of medicine happened to be the subject of conversation; and "*Hull's Choleric Pills*," which the invalid ever held in sneering contempt, became the object of a jocose rally upon his recent friend. Dr. Hull *prudently* judging that the reconciliation might be hazarded by attempting defence, suffered the pleasantry to proceed till the embarrassment of his situation elicited the response; "Yes, doctor, those pills are a favorite hobby of mine"—"which thousands have rode to death!" was continuously supplied by the patient.

Dr. Asahel Fitch was one of the early physicians of Redding, and is remembered in Fairfield County, as a worthy man, and one of its most respectable practitioners of medicine. He was among the principal pioneers in the formation of the County Society, but died soon after its organization. His death occurred in 1792, or about that period. I understand that he was the grandfather of Professor Knight of Yale College.

Among the physicians of Fairfield County, who enjoyed a long and successful practice, was Dr. Thomas Davis of Redding. He was a native of Washington, Litchfield County. He commenced the study of medicine at the age of sixteen, with Dr. Seth Hastings, of that town, a physician somewhat distinguished, I am informed, as a medi-

cal teacher. Dr. D. previous to the attainment of his majority, was admitted as a partner to the extensive practice of his preceptor. He subsequently removed, and practiced medicine, for a period, in Sherman, in Fairfield County. In 1793, on the decease of Dr. Fitch, he removed to Redding, where he continued in the duties of his profession, till his death, which occurred in 1831.

Dr. Davis possesses the reputation of being among the first of the physicians of the County who assumed regularly obstetrical duties; and so successful were his labors, that he became particularly eminent in that department. It is asserted of him, that during the long period of his practice he never lost a parturient patient.

The doctor being summoned as an important witness to appear before the court in Fairfield, and not appearing, the sheriff was sent to compel his attendance. Being absent, and learning on his return, that the officer was awaiting at a public house in the vicinity, he without notice to the official, rode to Fairfield and appeared before the court. On the question occurring with the court, regarding the costs attending the *capias*, he requested one or two of his legal friends to excuse his delinquency. The judge decided, notwithstanding, that the law must be observed and that the doctor must bear the expenses. Dr. D. then requested a hearing in his own behalf; which, being granted, remarked "May it please the court; I am a good citizen of the State, and since I was summoned to attend this court, I have introduced three other good citizens into it." The court replied, that for so good a plea, he would leave the parties to pay the expenses. The doctor received the congratulations of the bar for his successful defence.

The following anecdote, as connected with another subject embraced in these biographical sketches, and also with a historical event occurring in this convention, I will take the liberty to relate.

Dr. James Potter of New Fairfield, when on his way to our annual convention, at which he was to deliver an address, called and spent a night with his friend Dr. Davis. The orator being elated with his anticipated exhibition, and several of his acquaintances, among whom was a county court judge, calling on him in the evening, they united with his host in persuading him to rehearse before them, his grandiloquent speech. After the family and domestics, including an African, had been summoned, with the view numerically to multiply the audience, the doctor with oratorical pomp, mounted the rostrum, (which being a large armed chair,) and delighted himself and auditory by its rehearsal.

The chair rendered thus memorable has been presented to a member of the medical society. Rev. Thomas F. Davis, one of our most respectable divines, is the only male descendant of Dr. Davis.

The subject to which I have directed your attention has led to a retrospect into the darker eras of our professional history; when both physicians and the public enjoyed few of the advantages of mental culture that now exist. Credulity and ignorance, fostered by knavery, there appear as the prominent agents in misguiding the public mind in its estimate of medical science and the object and importance of its cultivation, as well as to lead it essentially to under-estimate the character and object of the profession directing its legitimate administration.

The undiminished influence which credulity still exerts over the public mind, in the present comparatively enlightened period, affords no small evidence in favor of the position, that it is an innate propensity, holding a no less important relation to the mind than that of one of its elementary constituents, which will probably manifest its activity in every condition of society, whatever may be the advantages enjoyed for its discipline and cultivation.

In such view of the origin of credulity, it is true that the apprehension can but be indulged, that in some form of manifestation, it will long continue to counteract the teachings of reason and experience, and thus ever prove an obstacle that will be likely to obstruct our profession, in its efforts for the advancement of the sanative interests of the community.

The hope, however, may be entertained, that among the many improvements of the age, such a system of culture for the mind will ultimately be devised, that its several faculties may be taught to act in their appropriate spheres, and a healthy rationality be substituted for the morbid excrescences of reason which impostors in science originate and cherish, with the object of accomplishing their detestable designs. It is those, who, at the present time, no less than formerly, distract the opinion which the public attempt to form regarding the value and importance of medical science, as well as that of theology and general spiritual agency.

The professions of medicine and theology, as embracing within their confines a larger amount of perplexing and indefinite mysteries, the one of the organic, the other of the spiritual world, have ever been the prolific source whence impostors in science derive the aliment indispensable for the germination and growth of their baleful progeny of errors which distract and mislead public sentiment in its

estimate of their respective merits. The professions of law and the common arts enjoy a comparative exemption, for the reason, that their principles are based upon sensible observation, and therefore are more readily comprehended and defined by the ordinary powers of sense and reason, which most persons possess. It is true that the offspring of evils which afflict the respective professions of medicine and theology are diversified in their forms; those of each being moulded by the varied aliment which they respectively supply; yet they are the product of an analogous germ of mental origin, and it is therefore undoubted that through the same remedy, a salutary inculcation of truth to the minds of the affected, the malady of each, (if eradicable) is to be suppressed.

It is manifest, therefore, that any efforts having reference to the suppression of evils flowing from credulity, that afflict the several professions, must be directed against the genus, rather than the particular species or variety which each presents. The mental fountain must be clarified, before the Protean errors which it emanates can be corrected. It is futile for the profession of medicine or theology, or even the political reformer, to attempt singly to combat the impostor or fanatic in the varied form which he assumes in their respective departments. He can alone successfully be encountered, by the more rational of all the professions unitedly instructing the affected in a judicious exercise of their senses and reason, and the rejection of all such appeals made to their imagination, which are unsustained by evidence derived from these generally safe guides and faithful monitors.

It would appear that evils thus identical in their character and origin, ought to inspire a mutuality of interest in the suffering professions for their eradication. It is, however, a fact much to be regretted, that, whilst the influence of medical science, and generally the efforts of physicians, have been applied to counteract the common maladies originating from credulity, they have not received corresponding aid from the clerical profession, their joint sufferer from the evil. While the latter has been strenuous in its attempts to suppress the impostor and fanatic in religion, a large portion of its members have too frequently supplied their influence in aid of the quack in medicine, in his adventures for fortune upon the health and lives of the credulous in community.

It is a matter of regret that men of education and influence like these, who by their profession hold the exalted position of moral and religious instructors and conservators, should thus unintentionally be

made instrumental in furtherance of the basely selfish designs of the knave and impostor in medicine. The explanation of the *phenomenon* may possibly be derived from the fact, that their minds, through habits acquired in their investigation of the revealed mysteries of theology, and the habitual assent which they are accustomed to bestow, on evidence supplied by faith, upon the important truths which their profession requires them to teach, are more prone than others of equal mental discipline and understanding, to yield their credence to the pretended marvelous revelations of the quack; especially when such are assumed as results of unwearied investigation into the mysteries embraced in the laws of organic structure, and its concomitant, the vital principle.

I am gratified, however, in expressing my conviction, that far the larger portion of the more intelligent and influential of this most respectable and useful body of our fellow-citizens, are in no degree chargeable with this error of judgment regarding the merits of the medical profession, of which we complain. These have ever bestowed their individual influence in sustaining the claims which it holds upon the community for a just appreciation of its labors in its behalf. Could their powerful influence be made available in their several public bodies, the hordes of empiricism would be weakened in their most important intrenchments, and the lesser positions to which they would be compelled to resort, would curtail their ability of inflicting the evils in which they have too long and too successfully revelled.

I would therefore close this address, already extended beyond the limits originally designed, by the suggestion for your consideration, whether, by instituting officially joint measures (could such be effected) between clerical and medical public associations in reference to the emergency arising from the evils through which both are sufferers, they might not be essentially lessened, if not eradicated. Could such concerted action be effected, it is rational to hope, nay it is morally certain, that their united influence would effect much in the correction of public sentiment in its erroneous views of the obscurities which the science of each embraces. By a salutary discipline thus forcibly inculcated, there can be no doubt that the success of the impostor, both in religion and medicine, would be materially checked and his influence curtailed, if not eradicated.

Although the views suggested may be deemed too Utopian for human nature with its existing structure, yet permit me to express the belief, that by judiciously directed concurrent efforts of the two pro-

fessions, aided by the intelligent of all classes, the hydra would be effectually suppressed, and its influence, hitherto so detrimental to the advancement of useful science and the public welfare, would be enfeebled and powerless, by thus exhausting the aliment required to sustain its growth.

In retiring from this presidential seat which you have successively assigned me, accept, gentlemen, my thanks for the honor you have conferred, and for your indulgence of the imperfect ability which I am conscious of having displayed in the discharge of its responsible duties. During the period of my occupancy of this station, and a long previous experience as a member of this convention, it has been my good fortune, uniformly to witness a manifestation of a most harmonious and fraternal feeling among its members, amid all the discussions of the various subjects of legislation that have been submitted to its action. While in most deliberative bodies, party or sectional interests are too prone to originate unsocial passion, and to excite angry debate, no such exhibition has here been indulged. On the contrary, a unity of purpose, directed solely to the advancement of the medical profession in respectability and usefulness, has ever signally appeared as the actuating principle governing each of its members.

Permit me, gentlemen, to express the hope that the same benevolent object will ever direct the deliberations of all your future convocations; and also my convictions that a continuance of the same course of prudent legislation, that has characterized the past, will not fail progressively to elevate the character of the medical profession of Connecticut, to a position unsurpassed by that of its brethren of other communities, or of either of the learned professions; and where it may survey unconcerned, the puny assaults of a reckless empiricism, which will doubtless, long be sustained with the hope of inviting a novel-loving public to contribute aid for the promotion of its interest and aggrandizement.

I can not, Gentlemen, in justice to my feelings, close without expressing the deep sense with which I am impressed by the recent event which has deprived the medical profession of several of its shining ornaments, as well as this Society of two of its most active, respectable and efficient members.

I presume that in common with myself, there are members of this body who anticipated a cordial and friendly greeting with our esteemed friends and colleagues, who have now retired from all earthly scenes, but whom a few days since we had apparent reason to be-

lieve little short of a grave providential dispensation would be likely to deprive us of their presence. Their visages in our hall of convocation have been, heretofore, nearly as familiar as its fixtures by which we are surrounded, and there are recollections thus made vivid, which are peculiarly calculated to add deeper poignancy to the event which we doubtless all in common deplore.

From the one, Doct. Samuel Beach, selected at our last annual meeting as Dissertator, we had the apparent good reason to expect an interesting and instructive communication. But in this, our hopes are annihilated, and it is becoming in us devoutly to submit to the act of superior Wisdom which has interposed and frustrated our cherished expectations. Of the character of Doct. Beach as a citizen, a physician and friend, I can not refrain from the remark that, during a long experience of friendly and intimate intercourse, I have ever found him uniform in the exercise of the qualities of an honest man, a gentleman and philanthropist; while as a member of the Medical Society and profession, it is no disparagement to any of its members to say, that in zeal for the promotion of their interests and prosperity, he was surpassed by none.

Of Doct. Archibald Welch, surrounded as I am by his friends and neighboring brethren, and in consequence of the position which he has long held in this Convention, as a member, as having fulfilled various official duties in its connection, including those of the occupancy of the chair, my attempt at his eulogy is rendered unnecessary. Personally, however, I am inclined to state that during an acquaintance of more than a quarter of a century, I have uniformly had occasion to admire his characteristic urbanity and gentlemanly deportment, and for a number of years, being officially associated with him in the discharge of public professional duties, I have experienced the benefits of his valuable friendship and more intimate social intercourse. Generally, I do not hesitate to add, that, as an example of zeal for the furtherance of the interests of the profession, he has left no superior.

But an afflictive Providence has interposed and the cherished hopes of future interviews with me, and with you, are thus abruptly terminated. It only remains therefore for us to emulate the worthy example which may be derived from the lives of the individuals whose career on earth has been so suddenly arrested.

While then in common with their families and numerous circles of friends, we deplore the loss inflicted by the awful event, let us professionally improve the admonition, that the Guardians of life are,

alike with their charge, subject to the various forms of death which their vocation calls upon them to combat ; and that on separating at the close of our annual convocations, no eye but that of an inscrutable Providence can designate those from our number, whose lineaments will cease to animate *us* in future assemblages, but in the reminiscence inspired by *their* virtues which survive *them*.

REMARKS
ON
POPULARIZING MEDICAL TRUTH.

By the late SAMUEL BEACH, M. D.,

OF BRIDGEPORT, CONN.

IN all the departments of medical knowledge, principles elaborated and settled on the foundations of truth, which can not be rationally disputed, are valuable. The labor necessary for accomplishing this in some of the subjects of the profession, is very great; and can be shown to be true, so as to be entitled to an intelligent confidence, only by a long and tried experience, the record of many facts, and the results of this experience stated by an observer who is known to be accustomed to utter truth; while some of the principles of the profession may be demonstrated by very simple processes of reasoning, or readily seen to be of extensive use to human society, to very limited observation, or by their practical working. Our most *important* principles and truths on which our science is founded, are of the former description. They have been established by long and patient labor and observation; and their correctness confirmed by the experience of successive men in successive generations. Hence, then, medical science must be gradual in its progress and complete only when human knowledge is perfect. A *discovery* in some one of the departments of medicine is very possible to occur with limited experience; but so much is included in what constitutes the *circle* of medical science, that a *new system* must be the work of toil and time. All the principles on which it must rest to be entitled to public confidence, must be tried by the experience of many years.

Medicine includes such a wide range of subjects, that in some of its most important departments, the united experience of several ob-

servers becomes necessary for the fullest establishment of truth. The field is so broad—collateral subjects of knowledge have been so long culminating around it, that no industry is fully sufficient, no perseverance scarcely adequate to master all the requirements to qualify the mind of the physician to fully appreciate all its important truths.

Those which have been received and established as medical philosophy have then attached to them a peculiar value.

They have both an intrinsic and relative value; intrinsic, because of the cost with which they have been procured, and because they have in them the means of extensive human benefit, and are associated by all the wise and good with the great truths of natural science, and relative because they become central points on which the whole system rests when properly understood, with unshaken stability, and compared with the assumed truths of visionary and false systems are as the gems and the fine gold to the tinsel and the dross. Medical truth was never more valuable than at the present period. The broad-cast intelligence of the age has fostered a pride of opinion by which men of small qualifications propound and advocate theories with a puny logic which, for a time, attracts attention and hinders the progress of truth, so that a principle having the highest claims to confidence with those qualified to judge of its merits, still must make slow progress to general dissemination and be in such a relation for a long time circumscribed in its usefulness.

The same means of intelligence carries information on the various topics of the times, to the day laborer, and to the mechanic's bench. With but a moderate degree of industry in improving the vacant hours he comes to have opinions on the measures of the general government—on the hair-splitting subjects of theology, and why, with such advantages, and his experience with a numerous family, should he not be entitled to opinions on the nature of disease and the mode of cure? Thus hasty opinions, impulsive conclusions and some of the truths of science, perchance, mingle promiscuously, and ask encouragement of the highest bidder. Error on medical subjects, is in this way becoming incorporated with the growth of our communities, and sound philosophic truth compromised with the vague theories, presumptive and superficial views of the system and practice of the regular profession. Until in some parts of the country where there is no proper representation of the profession, in men furnished with the means of counteracting influences on such a state of things, skepticism and delusion are rampant and theories not in ac-

cordance with established truths have gained temporary and sometimes permanent friends, so as to be capable of effecting for the time, fatal mischiefs on the best interests of life and health.

While these agitating causes operate so injuriously on the rightful reign of medical truth in the masses; the profession is by no means exempt from contagion from the same sources. A class of minds poorly qualified to judge of the merits of any system, by imperfect education, and at the same time not very anxious to adopt right theories or to pursue right practice on account of moral considerations, embrace views more with reference to their value for obtaining their bread, than from what they can see in them of the soundness of medical philosophy, and so they are ready to adopt new ones whenever the changes in public sentiment lead them to expect a greater benefit from such a source.

It would not be difficult to show, in this connection, to the profession, and the country, the value of a thorough medical education, by which the great truths of the regular system should be thoroughly fixed in the mind, in theory and practice, of all who come into the profession.

However the future history of the profession in the great field of discovery and improvement might make it necessary to vary in some of the less important departments both in theory and practice, still, the main principles on which the structure chiefly rests, must ever be the same. No great rejection of the fundamentals, no wholesale discarding the wisdom and experience of the fathers, and the adoption of new ones, can ever in the nature of things, take place. Incorporated with, and involved in the present principles and truths of medical science, are many of the first principles of natural philosophy, on which is fixed the superstructure of all the most important departments of human knowledge—and where else in the divine plan of maturing the progress of things, has the human labor of ages in developing great first principles so ruthlessly been set at naught? We may confidently look back in vain, and forward with no reasonable expectation of such a sacrifice.

To return to the increasing necessity of vigilance over the qualifications necessary for the profession. When the present efforts of the American Medical Association shall have accomplished their high designs in this respect, and in reference to their efforts on the subject of adulterations, the profession will have achieved a triumph, when much less may be apprehended from these numerous sources of error.

“Shallow draughts intoxicate the brain”

has its significancy of application more in reference to medical knowledge than any other department of learning. Loose and imperfect qualifications in so many of the profession, most undoubtedly, are among the greatest antagonistic influences to the dissemination of the truth of correct medical practice with which we have to contend.

It is a curious fact that wherever men are left to form their own opinions of subjects of natural or moral science of difficult demonstrations, or with minds poorly furnished to meet the magnitude of the subjects, the variety of views will be like the variety of minds, and seldom will agree to any decisions any longer than till a new theory is propounded and advocated with some adroitness, and the common fancy for the novelty of the new will gain attention, when it has but little merit further than in the boldness and assurance with which it is defended.

The alarming manner in which the false theories and systems of practice are gaining attention, calls for the special attention of the profession and for an investigation so careful and appropriate that the remedy shall be understood and successfully applied. Nor should it be regarded as particularly assuming and selfish in the profession, that the responsibility of doing this should be by us fully assumed.

Qualified as we should be for sustaining our high responsibilities, we are and must be the supervisors of our own and the public good in this respect, and with no sparing hand ought we to deal out the most decided approbation of all sound and well informed men and sound and well constructed principles and practice of our charge, while for no minor consideration or sinister motives should we withhold the severest animadversions and the sternest anathemas on the false and speculating systems of the times. It is meet and proper, it is expected that if we have medical truths on which our system is founded which can stand the scrutiny of minds capable of intelligent and thorough investigation, that these should be represented in some manner so as to be stript of their technicalities and relieved of their mystical relation to the profession, as isolated in this respect, from the rest of the world, and in some clear and intelligible manner, shown to be the imperishable truths of natural science entitled to the highest confidence of the public mind.

Hitherto our system has been too much a system of practice. Each man in his way employing the most of his own life in observation which should establish or reject the correctness of the practice of his teachers and predecessors; while with the mass of the

faculty the necessity of elaborating and teaching to others the great truths has been overlooked, and the necessity of traversing anew the same great field of observation appears to each successive generation of practitioners as the first and most important duty of their lives; and thus the same round of beaten track is passed over as we succeed each other. We have now other duties to perform. The day has at length come when before the intelligence, such as it is, of the age, every system must stand or fall on its own merits, as they can be illustrated and defended to the masses.

It is not sufficient that we understand the truths of medical science among ourselves. The people by whom the system is approved or rejected and from whom its support is to come, must have the different systems in review, and will most assuredly adopt that which they can most clearly comprehend. It is not necessary that we should attempt the herculean task of educating the public mind for this purpose. It is only necessary that some of our most important and fundamental truths should have wide circulation in language so familiar that all may understand. As difficult as this may at first seem, such facilities are now offered for popularizing every subject in which the public has an important interest, that the greatest obstacles may be surmounted. So much has been accomplished in every other department of life, such amazing results in all the business and benevolent relations of civilized society, that the same principle applied to extending the no less important truths that relate to life and health would soon accomplish all that the most sanguine could expect. The organizations which we have already in operation, with well directed effort, might revolutionize the public mind and place all the important truths beyond the annoying reach of empirical pretenses and schemes.

Each individual of the profession, in his own way, by a little effort, might make his influence felt in his own circle. Yet, he who is devoted to his daily round of clinical duties can have but a feeble influence extending beyond. The kind of confidence reposed in him as one in the great medical body, is only that which is derived from their confidence in his integrity and his general ability for accomplishing, in the best way, whatever he undertakes. The confidence is in the man rather than in the system under which he practices. And however successful he may be in multiplying his patients, and his friends, or establishing himself in public estimation as the best practitioner in the county, he will do but little toward fixing in the public mind the right kind of confidence in the great truths of his system.

which will last and afford a perpetual munition of defense against the invasions of the new systems which shall be ever and anon rising for a chance when he has left the field of contest for others less experienced to occupy.

Here and there a mind of uncommon powers may have so perseveringly advocated and perhaps publicly instructed in the principles of his system as to have made some impression in the comparatively short period of his medical career—but hitherto in the history of medicine this has been exerted on the *profession* and though the people may have been through such a source passively benefited, yet to see all the advantages to be obtained from such an influence, these truths should have been simplified and popularized, until the people should see their appropriateness to answer the purposes for which they were designed—their genuineness therefore justly entitled to their undivided confidence.

This deficiency in the general diffusion of some of the main and appreciable truths of medicine has left open the door for competition from unworthy sources, and the profession is thrown into the position of strife for the mastery, with company who will not bear the least comparison in real qualifications for such an effort. And still the strife goes on, the profession still necessarily exposed to the annoyances of laboring in the field of competition with them and exposed to the discredits of such company; and while too the acclamations of victory from the crowd go up now and anon for ignorance and error, truth of necessity submits, is mortified and disheartened with apparent defeat. It is scarcely in the power of the profession to remedy this false state of things, so long as the first principles on which our system is founded, have their circulation in, and are understood only by the profession—while error and systems of one idea are in all the public prints, and with all the impudence and effrontery of their advocates, known and read of all men. The voice of the people is, in this sense peculiarly regarded as the voice of the gods, and what has once had the award of truth before such a court and jury, will find under the habits of our institutions, but a sorry prospect of appeal to the tribunals of science.

The *simplicity* of the false systems are continual temptations with the masses to experiment. If *one* truth in a new system is seen, it is enough to entitle it to attention until it is proved false; which, with the various appliances of their designing advocates, and the indisposition of human nature to acknowledge itself in a false position, becomes no easy task to controvert.

The *obstinacy* of pride of opinion when once committed to a false system, and the various subterfuges and shifts even at the imminent hazard of their own lives, and the lives of their families, were it not too serious, would often be not a little amusing, and show how under such a condition of mind, wisdom and common sense will tend to make, and sometimes really do make profound obeisance to the most consummate ignorance and folly.

I have a case to illustrate. A very respectable family, the male head of which was for a number of years editor and proprietor of one of our oldest political journals, had the medical advice for twenty years of one of our oldest physicians and surgeons to their entire satisfaction. Near the close of this time the female head of this family, had in New York, or somewhere among her out of town friends, caught the charm and simplicity of the one idea, *similia similibus, curantur*, and after being duly provided with a pocket box of the infinitesimals, and having experimented on her own family in numerous cases, signified to her neighbors, first, her alarming apprehension of the regulars, and then, her *firmest confidence* in the new system. She was now fully committed to the new system, and against the old. The few remaining years of life were industriously employed in proselyting to keep herself in company in the new position, until at length she and her daughter, were seized nearly at the same time, with tertian intermittent. She had learned at the feet of Hahnemann *exactly* what was calculated to enter into, the perfect pathology of this disease and speedily expel the ruthless invader from the personal domain of herself and daughter. The *sine qua non* was administered in the scale of dilutions, month after month; the disease, the while, not heeding his spiritual opponent, still pursued its fatal ravages on the feeble frames of the mother and daughter, until the mother first sank and died, under a determination to the brain. The daughter with the ruling passion strong in death, was still disposed to give the system a fair trial, continued two or three months longer and died with disease of the lungs, both having the chills and fever until the close or near the close of their lives.

This pride of opinion has become an important element with which medical truth has to contend; and where is it more offensive and more likely to operate obstinately, as in the above case, than in the class of community now so much taken with infinitesimals, the aristocracy? Catching influences from those crude and erroneous views of the theory and practice from all the numerous sources, and

while no opposing influences are at hand to bear on their minds, the adopted sentiments become theirs to warrant and defend as their families and their homestead, and any attack on them is at once regarded as really an invasion of their rights, to be repelled *vi et armis* as an attack on either of these. Most other subjects of science are far in advance of medicine in this respect. The great truths on which they depend for the soundness of their philosophy have been popularized, so that when once understood as indisputably true, they are no longer questioned or doubted, more than any of the other truths of natural science.

The common objection to this course with medical subjects, which has so often hindered the faculty from any attempt at this, must be dismissed as without foundation; and though true relatively to some other subjects of human knowledge, is not positively and wholly true. I mean, that medicine is not a demonstrable science and there is too much uncertainty for public appreciation. If, indeed, after the lapse of two thousand years of faithful and laborious investigation by some of the best minds the world ever saw, there are no great truths of medical philosophy capable of being shown as demonstrable and certain—it is surely the only field of human labor to which the mind of man has been applied so long and so faithfully without success.

These allegations come from sources unworthy of confidence, and continually contribute to the popular skepticism on the subjects of our profession. Medical truth properly simplified would not be regarded as uncertain by the general intelligence of the times, but veritable and true, as any other subjects of science.

What then *are* some of the truths of medical science, which may be regarded as established and capable of illustration to the non-professional, so as to be entitled to their unshaken confidence?

It may be first necessary to see in contrast what is *not* true in medical theory, that we may better understand the merits of what *is* really true.

One of the greatest sources of error in the public estimation of the false systems has been the tendency to receive *partial truth* for whole truth; and when such partial truth or principle is applied to general practice, the principle instead of being true in general, loses its worth as a correct general principle and is only true in its local or special application. For example, it may be true that an ignoramus may have a correct diagnosis of a given disease, or that he may apply a correct remedy for its removal, while it is most obviously

not true that inferior qualifications would as certainly insure correct estimates of the nature of the disease or treatment in the promiscuous and more general intercourse with the maladies of the human system

No department of life involving responsibilities so important, requires a larger range of accurate and high qualifications for successfully discharging the duties of the same than the profession of medicine. He who assumes the practice of the healing art, should be familiar with, and accurate in nearly the whole field of natural science; and in every respect in which he is deficient in these, he is liable to fail in the accuracy and success of his practice. And whether by acceptable personal deportment, or high moral qualities alone, or general intelligence, or tact in gaining friends, he has obtained the public confidence, it is *not* true that he is as justly entitled to it as he would be, if fully furnished in all the requirements of science necessary to make a well educated man.

The idea that has too extensively prevailed that mere tact will supply deficiencies of education in our profession, has always proved detrimental to its best interests. It has been employed for selfish and unworthy purposes with some success, but still its effect on the general character of the profession has been bad.

Again, several of the false systems of medicine depend for their popular acceptance on the prominence of one important truth, which is so constantly kept in view as to deceive the uninitiated as to the general truth of the system. It is mainly to be attributed to this manner of representation that the principle of Hahnemann, *similia similibus curantur*, has been so successful as representing the whole system as true, when in its general application it is not true; neither is it true that the pathology can be obtained by the "totality of the symptoms"—and who does not know that the principle of Hahnemann is entirely false, that "there is nothing to cure but the sufferings of the patient."

My object is only to give examples and not to allude to the particulars of the misrepresentations of the false systems of this "reformer." The same may be said of the truth on which the theory of Samuel Thompson was attempted to be sustained, "that heat is life and cold is death." In some partial relation to the great system of medical philosophy this may be said to be true, but when considered as a general practical truth it becomes eminently false, and obviously so if considered in the light of the opposite system of the Silesian quack Priesnitz, who teaches that cold in the application of water is the sovereign balm of life in all disease. All the systems

then which rest for support on one or two important truths and reject other equally established truths in their general application are and must be false.

Without detaining you longer to consider what is not true, which has been assumed to be truth in the false systems, it may be shown that it is a well settled truth as any of the laws of physical science, *that a knowledge of the structure and uses of the human system is necessary to a correct appreciation of its diseases.*

To comprehend all the physiological relations of the system and fully and correctly estimate these in health and in disease, theoretically and practically, requires something more than a scanty apprehension of one or two principles of pathology. The irregulars question and deny this. The only difficulty in demonstrating the truth of the principle is that it requires to be done at the bedside. Comparatively few of the most important principles of pathology and therapeutics can be fully shown by mere efforts of reason on supposed facts. They require to be seen as actual facts, and are as susceptible of satisfactory demonstration to a mind capable of appreciating their nature and relation as any other demonstration.

It is not difficult to show that five and three and two are ten : but it requires quite another kind of effort to show that five symptoms seen as deviations from normal action of the respiratory organs, three from stethoscopic signs, and two from the capillary system, make the ten to constitute pneumonia. The demonstration is just as real, while the difficulty lies only in the proper understanding of the steps by which we come to the final conclusion. When it is understood that the five deviations from healthy action are such as always accompany that specific form of lung disease, that the three stethoscopic signs are sure indications of such altered structure, and the two symptoms of the skin exist in this connection, the demonstration is complete and the mind is left to no other conclusion but the correct and legitimate one.

It is the demonstration of law and testimony, when the established laws of the human system are well understood, and the testimony of symptoms in relation to any particular case is correctly estimated, that the conclusions must be correct—subject only to the same liabilities of all other demonstration, viz., mistakes in process of reasoning.

The difference then between the false systems and the true is, that the former reject the necessity of such qualifications to reason correctly, or altogether reject all demonstration and only assume that such are the facts and such as they suppose are the conclusions.

They attempt to arrive at conclusions by tact, instinct, divination,

inference. Much of their dependence is placed on the latter. Thus if twenty cases of a given disease under a new system of treatment show a larger percentage of recovery than with the regular treatment, therefore it is the best. Several points of importance in this conclusion are assumed and want the proof which would be necessary in order to show the correctness of such a conclusion.

But to return from this digression. It is *true* that morbid anatomy is necessary to correct pathology. It is true that correct diagnosis is essential to intelligent and successful treatment. It is admitted that disease may be cured by blunders, by accident, and by the natural restorative efforts of a system in other respects healthy; but the truth here stated is designed to imply qualifications for fully understanding the nature of disease under all circumstances and appropriating the best remedies, or as necessarily understanding under what circumstances it would be best to use no remedies at all.

While it is obvious that it is the province of the physician to obviate and remove all hurtful causes and use often the most vigorous means for arresting the progress of threatening disease when properly understood, it is true that the great restorative principle in recovery is the vigor of the vital forces. And it is equally true that in quite a majority of the diseases of the system all that is to be done is to place the system in such a condition that these can operate without interruption.

The idea of curing disease as by some conjuration or by attributing powers to medicines used which they do not possess, which the faculty by their own imprudent use of terms have fixed upon the public mind, is untruthful and unscientific, and operates to place us in the public estimation on the same common level with the empiric.

They ignorantly and falsely promise to cure. We see the true pathology, understandingly remove the existing cause, follow the indications of nature in restoring the integrity of the functions involved, and see the great work of restoration completed by the same principle that carries and diffuses life through every vein with equal certainty both in health and disease. They promise to take by the horns and cast out what they can not see, feel or understand, an undefinable something called disease; while we see in the evidence which the symptoms give, the operation of hurtful agencies and the nature of the lesions being and having been produced, remove obstructions, neutralize hurtful influences, husband and sustain the vital forces, and then understandingly see a perfect system of organism work out its own legitimate results, viz., organic and functional life and health.

A very important truth to be understood and popularized in this connection is, that when the vital forces are defective from age, or the violent or long continued operation of hurtful causes, the most skillful application of remedies will not always be successful.

Though immense labor has been bestowed on the department of *materia medica* and chemistry, and through the influence of this department of the profession a vast amount of remedial means has been provided for the mitigation of human suffering and restoring to health abnormal functions; yet many of the principles of this branch are not so easily demonstrated to minds not understanding their practical relation to these practical principles, but still enough to subserve the great purposes of truth, and show that remedies have a specific action on particular functions or organs and this sustained by innumerable facts and daily experience. It is also true that this action is varied by age, temperament, sex, condition and habits; the knowledge of which can only be acquired by acquaintance with their operation, continual observation and experience, and a matured judgment.

Thus I have given a few examples of the truths which have been for ages established and accumulating in number as the improvements in science have developed the resources of nature and art, and furnishing daily demonstrations of their appropriateness for the great purposes of the profession, and of their stability as entitled to a place in the archives of sound and useful philosophy. They are all, with numerous other as well established truths of medical science on which the wise and good have long acted and depended, demonstrable as founded in the laws of the morbid changes of the human system.

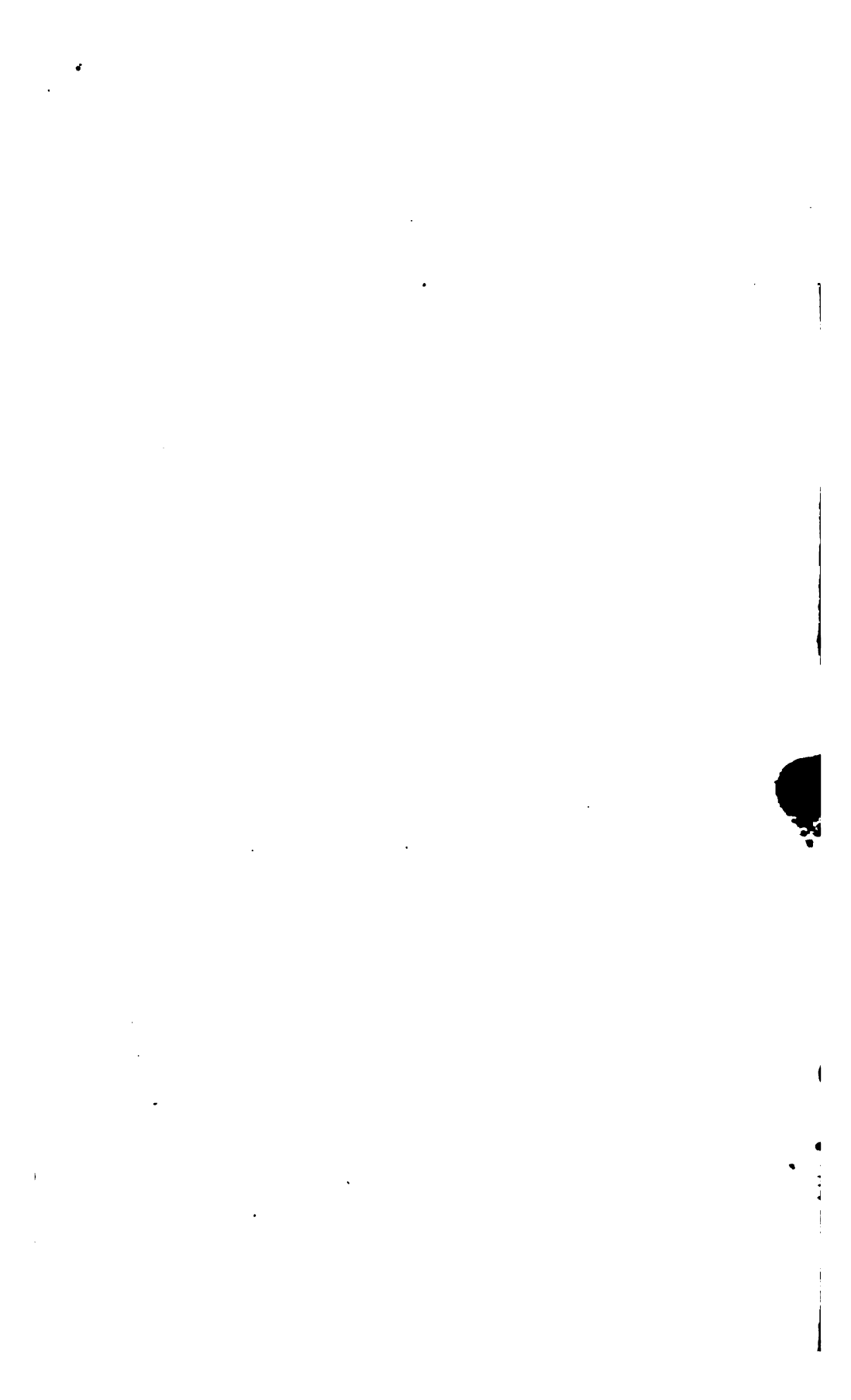
Unless all the wisdom of the past, the labor and toil of minds of the highest character, is rejected and set at naught, these truths are indisputable, and as well established as the laws of gravitation and electricity. Why then have doubts and skepticism ever been entertained? Why has the arrogant assumption ever been received that what the profession have known and practiced so long as truth, is not truth? Why have the crude questionable opinions of one man and his visionary followers with limited experience and doubtful veracity, stood for a moment in the comparison with the wisdom and veracity of one thousand years? For no other reason than that the public are unqualified to judge.

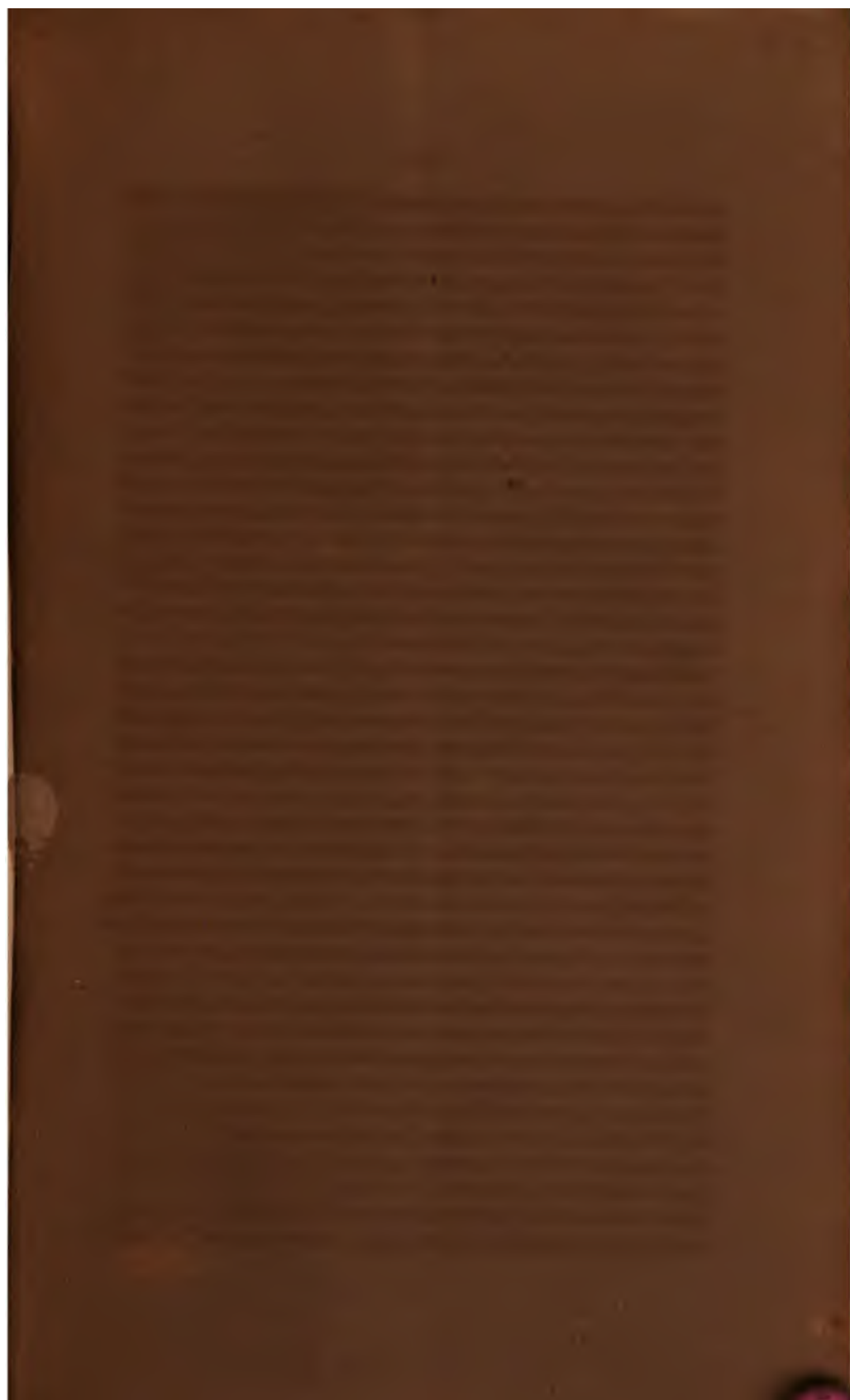
The facilities for popularizing all the great subjects of science and art, have been brought to the door of almost every citizen of the land,

and what of any public utility has been too profound or difficult to be made plain? And what has been the history of medical truth in this respect? While the talent and power of the profession have been exhausted in elaborating, establishing, and defending medical truth, the people have passively enjoyed the benefits while they have known but little of their merits. The day has come when it is fashionable for men on all subjects to think for themselves. The designing, the skeptical, and ever doubting empyric, doubting and skeptical because he can attract attention in no other way, takes advantage of the public ignorance of medical truth, and makes the credulous listeners an easy prey. Some truth long used and established by the profession he now simplifies and popularizes with a new dress, and calls it a discovery, and it is soon received as a discovery by the gaping crowd with acclamations of joy. The highest qualifications of the profession only indirectly meet this evil. These, with a corresponding practice, show to the discerning their merits and inspire confidence in the *men* rather than their system of practice. Our duty then to the public is not completed in the acquirement of high attainments, until we have employed those attainments in simplifying and popularizing the great truths of our science—teaching, defending, and illustrating in our daily intercourse with our friends, until they shall see and appreciate their soundness and appropriateness, to meet the wants of suffering humanity under all circumstances of pain and disease.

It is not my design to point out in what particular way the profession could most effectually do this. But have we not the men and the means, in these times of lectures and books, by which the principles of our system might be popularized and defended under the most favorable auspices for success, and so as that the delusions and false theories of the day would very soon be among the things that were?

Once fix in the popular mind these truths so that they shall understand and make them their own, and they will adhere to them with as much tenacity as to their families or their estates.





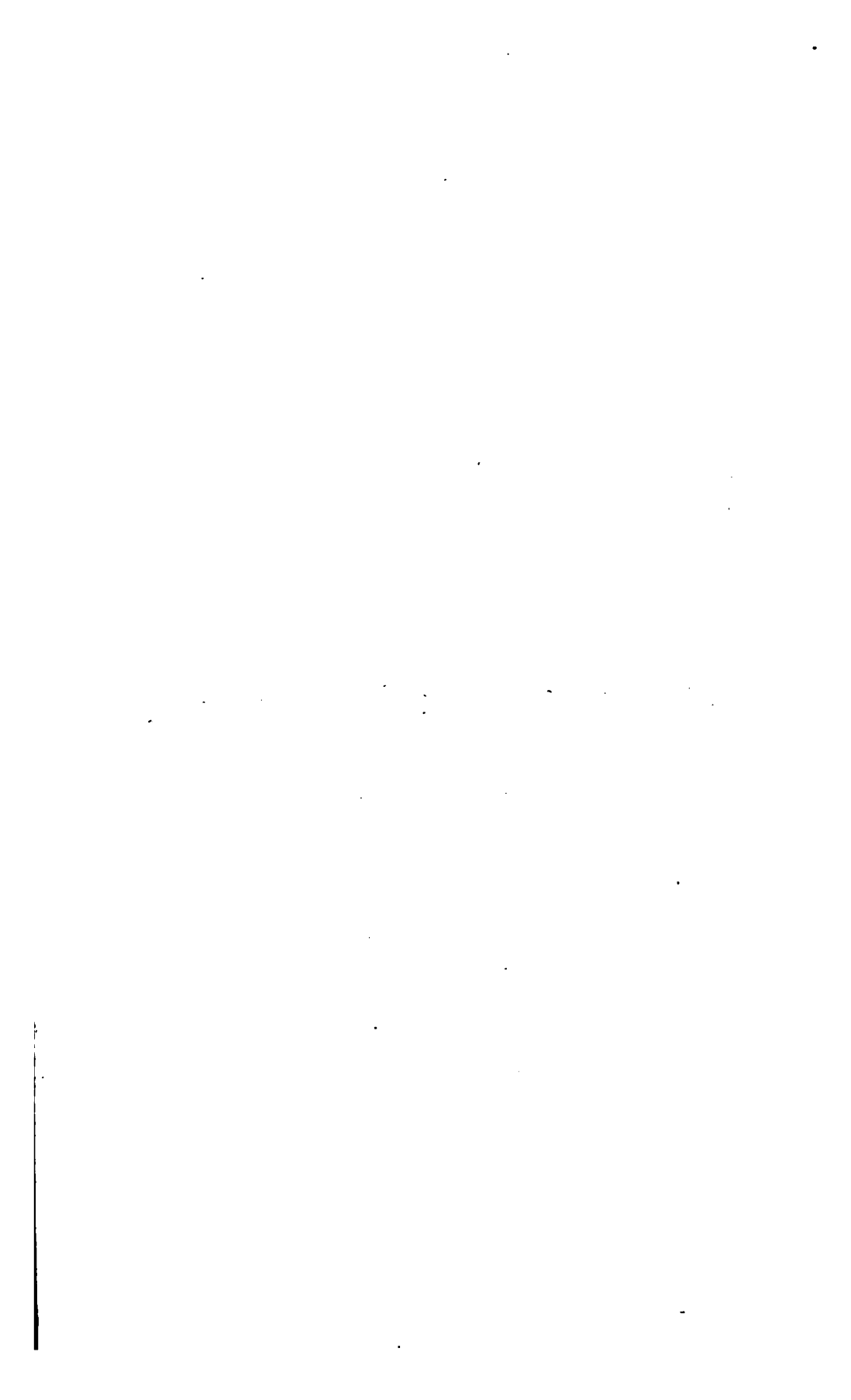
PROCEEDINGS

OF THE

Connecticut Medical Society.

M.DCCC.LIV.





PROCEEDINGS

OF THE

SIXTY-SECOND ANNUAL CONVENTION

OF THE

Conn. Medical Society,

MAY, 1854,

WITH A LIST OF MEMBERS.

AND THE

DISSERTATION OF WILLIAM B. CASEY, M. D.

HARTFORD:

PRESS OF CASE, TIFFANY AND COMPANY.

M.DCCCLIV.

Officers of the Society.

WILLIAM H. COGSWELL, M. D., PRESIDENT.
BENJAMIN H. CATLIN, M. D., VICE-PRESIDENT.
GEORGE O. SUMNER, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

Standing Committees.

Committee of Examination.

JOSIAH G. BECKWITH, M. D.
E. LINSLEY, M. D.
LEWIS WILLIAMS, M. D.
JOHN D. FORD, M. D.
WILLIAM W. WELCH, M. D.

Committee to nominate Physician to the Retreat for the Insane.

S. T. SALISBURY, M. D.
L. THURSTON, M. D.
F. L. DICKINSON, M. D.
P. A. JEWETT, M. D.
D. P. FRANCIS, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

ROBERT HUBBARD, M. D.
O. K. ISHAM, M. D.
WILLIAM C. WILLIAMS, M. D.
WILLIAM B. CASEY, M. D.
DAVID HARRISON, M. D.

The Annual Convention of the President and Fellows of the Connecticut Medical Society, was held in the Medical College in the City of New Haven, May 10, 1854.

THE President, Richard Warner, M. D., being deceased, the Convention was called to order by the Vice-President, when the certificates of the election of Fellows were presented by the Secretary, and referred to a committee consisting of Drs. Brownell, Beardsley, Ford, Hall, Burr, Welch, Baker, and Dimock, who reported the following list of

FELLOWS.

HARTFORD COUNTY.

Wm. R. Brownell, M. D.
J. D. Wilcox, M. D.
*William Wood, M. D.
*E. Brandegee, Jr., M. D.
C. E. Hammond, M. D.

NEW LONDON COUNTY.

John D. Ford, M. D.
D. P. Francis, M. D.
Seth Smith, M. D.
Edwin Bentley, M. D.
E. F. Coats, M. D.

FAIRFIELD COUNTY.

*E. P. Bennett, M. D.
David S. Burr, M. D.
*Justus Sherwood, M. D.
L. F. Humiston, M. D.
Robert Hubbard, M. D.

MIDDLESEX COUNTY.

David Harrison, M. D.
*F. W. Shepard, M. D.
Rufus Baker, M. D.

NEW HAVEN COUNTY.

W. Hooker, M. D.
L. N. Beardsley, M. D.
R. F. Stillman, M. D.
Anson Moody, M. D.
C. A. Lindsley, M. D.

WINDHAM COUNTY.

David E. Hall, M. D.
Charles H. Rogers, M. D.
Thomas W. Perry, M. D.
Elijah Baldwin, Jr., M. D.
Harvey Campbell, M. D.

LITCHFIELD COUNTY.

W. W. Welch, M. D.
Ralph Deming, M. D.
J. W. Bidwell, M. D.
J. W. Phelps, M. D.
A. M. Huxley, M. D.

TOLLAND COUNTY.

Timothy Dimock, M. D.
William N. Clark, M. D.
Orson Wood, M. D.

* Absent.

Then proceeded to the election of officers for the ensuing year, when the following gentlemen were duly elected, viz.:

WILLIAM H. COGSWELL, M. D., PRESIDENT.

BENJAMIN H. CATLIN, M. D., VICE-PRESIDENT.

GEORGE O. SUMNER, M. D., TREASURER.

JOSIAH G. BECKWITH, M. D., SECRETARY.

John D. Ford, M. D., and William W. Welch, M. D., to fill the vacancies in the Committee of Examination.

Pliny A. Jewett, M. D., and D. P. Francis, M. D., to fill the vacancies in the Committee to nominate Physician to the Retreat for the Insane.

William B. Casey, M. D., and David Harrison, M. D., to fill the vacancies in the Committee to nominate Professors in the Medical Institution of Yale College.

A committee was appointed, consisting of Drs. Campbell, Moody, Wilcox, Coats, Bennett, Deming, Harrison, and Clark, to bring forward the unfinished business of last year.

On motion of Dr. Ford, the proposition of the New London County Meeting to hold the next Annual Medical Convention in the city of Norwich, was then brought before the Convention for their consideration, and referred to a committee of one from a county, viz., W. Hooker, Hammond, Francis, Perry, Hubbard, Huxley, Shepard, Baker, and O. Wood.

The Secretary then read a circular from the New Hampshire State Medical Society to the several State Medical Societies, on the resolution adopted by them, not to appoint delegates to the American Medical Association from any society which enrolled among its members the names of any physicians who practiced any form of empiricism, and also recommending to the Association not to receive any delegates from such societies.

On motion, referred to a committee to be raised on the subject of Nostrums and Patent Medicines.

On motion of Dr. Robert Hubbard the rules were then suspended, to allow Dr. Casey to read his Dissertation immediately after the meeting of the Convention in the afternoon.

The Society unanimously agreed to rescind the resolution adopted several years since, directing the Secretary or Treasurer to provide a dinner at the expense of the Fellows in Convention, and accepted the invitation tendered them by the New Haven City Medical Asso-

ciation, to attend a meeting of said Association at the Tontine at seven o'clock, P. M.

The Convention then adjourned until 2 o'clock, P. M.

Two o'clock, P. M.

Convention came together. The Dissertator, Wm. B. Casey, then read an interesting paper before them, on the subject of some diseases of the "Cervix Uteri."

On motion, the thanks of the Convention were tendered to Dr. Casey for his able and interesting communication, and he was requested to furnish a copy to the Secretary for publication with the proceedings.

Dr. Orson Wood offered the following resolution :

Resolved, That a committee be appointed to petition the Legislature now in session, in the name of the Connecticut Medical Society, to enact a law, making it penal for any person to offer any medicine for sale, unless the medicine be labeled in *plain* English with the name of said medicine, and if it be a compound, to contain on the label the name of every article in its composition, in the English language.

On motion of Dr. L. N. Beardsley, the subject was referred to a committee of three.

Drs. Beardsley, Wood, and Baldwin, were appointed said committee.

Dr. John D. Ford then offered the resolutions of the New London County Medical Society on the subject of Patent Medicines, and also the proposed law of the State of New York for the protection of the public against the evils resulting from their sale.

After reading by the Secretary, on motion, the whole matter was referred to the Committee on Dr. Wood's resolution.

Dr. Wm. W. Welch then offered the resolutions of the Litchfield County Medical Society, adopted by them at their annual meeting, in reference to a uniform tariff of fees and charges for professional services, with the report of a committee appointed by them to recommend a tariff of charges to be adopted by them until the next meeting of the Society.

The communication and circular were then read by the Secretary, and referred to a committee of one from a county to report thereon.

Dr. Campbell, from the Committee on Unfinished Business, reported that the only unfinished business before the Convention was the appointment of Professor Knight by the last Convention, to report the Progress and History of Surgery for the last fifty years in this State.

Report accepted, and committee discharged.

Drs. W. W. Welch, W. Wood, Lindsley, Bentley, Rogers, Humiston, Harrison, and Dimock, were appointed a Committee on the Resolutions of the Litchfield County Medical Society.

Dr. John D. Ford then presented the action of the New London County Medical Society on proposed Amendments to the Statute Law passed by the General Assembly at the May Session, 1852, on the subject of Registration of Births, Deaths and Marriages, proposing the same fees to the reporter that were paid to the Registrar.

A motion was made and carried, to refer the whole subject to a committee of three, to take into consideration the revision of the act of Registration, and to petition the General Assembly for such amendments as in their wisdom would remedy any defects in the present law.

Drs. S. G. Hubbard, Jewett, and Knight, were then appointed said committee.

Dr. Hooker, from the committee appointed to report on the next meeting of the Convention being held at Norwich, made a report that the committee were in favor of said proposition.

Report accepted, and the Convention then voted to hold the next Annual Convention at Norwich, instead of Hartford, which would have been the regular place of meeting for the Convention of 1855.

Dr. Beardsley, from the Committee on Dr. Wood's resolution, relating to the labeling of medicines offered for sale; also, the resolutions of the New London County Medical Society, respecting a general law regulating the sale of Patent Medicines and Nostrums, reported:

That while they consider the sale and use of Patent Medicines a serious evil in the community, and one which must ultimately be connected with legislation; and while in their judgment the incorrect and careless manner in which medicines offered for sale are frequently labeled is equally objectionable; we would, however, recommend that the further consideration of the subject be postponed until the next Convention.

BEARDSLEY, }
WOOD, } Committee.
BALDWIN, }

Report accepted.

On motion of Dr. Hooker, the committee were continued, to report to the next Convention.

The report of the Treasurer was then read, accepted, and referred to a committee, consisting of Drs. Hall, Welch, and Beardsley, to audit the same.

Abstract of Treasurer's Report.

Cash in the Treasury,	\$212.30½
Due from Clerks,	\$1,157.45½
Deduct, say one-third of this for bad debts, abatements, commissions, &c.,	385.81½
Balance,	771.64
Total Cash and due from Clerks,	\$983.94½
The Society owes for outstanding Debentures,	380.50
Leaves Balance in favor of Society,	\$603.14½

Drs. Bidwell and Smith were appointed a Committee on Debentures.

Drs. Brownell, Moody, Coats, Campbell, Bennett, Huxley, Shepard, and Clark, were appointed a Committee to nominate Delegates to the American Medical Association, to meet in Philadelphia 1st Tuesday in May, 1855.

Drs. Hooker, Wilcox, Bentley, Baldwin, Holland, O. Wood, and Baker, were appointed a Committee to nominate Candidates to fill the vacancies in the several counties for the gratuitous course of Lectures at the Medical Institution of Yale College.

Drs. Ford, Dimock, Hammond, Linsley, Rogers, Burr, Huxley, and Shepard, were appointed a committee to report suitable persons to be recommended for the honorary degree of Doctor of Medicine to the President and Fellows of Yale College, and honorary members of the Connecticut Medical Society.

Drs. Welch, Hubbard, and Francis, were appointed a Committee to nominate a Dissertator to the next Convention.

Dr. Coats reported the name of Jedediah R. Gay of New London County Medical Society, as having violated the By-Laws of the Connecticut Medical Society, by using, vending, and recommending by his publications, his own secret medicines or nostrums, and read some extracts from his pamphlet recommending said nostrums to the

public as infallible cures. He further reported that said Gay has been tried according to the By-Laws and Regulations of the Connecticut Medical Society, and found guilty of the offenses charged against him. He therefore moved that the action of said county meeting be confirmed and said Gay be expelled from the Society.

Voted, To refer the matter to a committee to investigate the action of the county society, and report to the Convention.

Drs. Coats, Hooker, and Moody were appointed said committee.

Dr. Knight then reported a post-mortem examination which he had just held on death resulting from a tumor in the region of the stomach of an individual in whom he had some six or eight years since cured popliteal aneurism, by the pressure of the hand, with only slight pain and little medication, (only one-eighth grain of morphine every six or eight hours.) The pressure was continued for about forty-two hours, by the members of the class attending the current lecture term, and the result was the obliteration of the artery, and the complete relief of the patient. He stated that other means of pressure had been attempted, but produced so much pain that they could not be borne, and that the pressure of the hand produced but little inconvenience to the patient, and was successful. The morbid specimen, the tumor which occasioned the death of the patient, was exhibited to the Convention, and also the artery obliterated some years since, exhibiting a double arterial circulation, of which he mentioned there were some instances on record, either as instances of *lusus naturæ*, or by means of the enlargement of anastomosing branches caused by the obliteration of the main artery. The details of the case of which this is a brief analysis were very interesting.

Prof. Knight also exhibited a new instrument for ascertaining the specific gravity of urine, which he regarded as ingenious.

Dr. Knight reported to the Convention that he had been appointed by them to prepare a history of surgery for the last fifty years in the State of Connecticut—that he had hoped to have been able to make such a report at this time, but that he had found great difficulty in obtaining the necessary information to enable him to present such a history as would do justice to the subject and the men who had distinguished themselves in their profession during that period. He stated that he had addressed circulars to members of the profession in different parts of the State, but had received but few replies to his interrogatories, and consequently but little information—on the subject matter of his history. He remarked further that the history of

surgery was the biography of the surgeons of that period, and would be deeply interesting to the Convention if the necessary information could be obtained. He might obtain much interesting matter to communicate to the Convention at a future time. If he did so, he would present a paper on this subject, without the appointment being continued for the purpose.

The report was accepted, and the wish of the Dissertator acceded to, in being discharged from the appointment.

Dr. Coats, from the Committee on the action of the New London County Medical Society with J. R. Gay, reported: That a formal trial had been had with the delinquent member, and he cited to appear before this Convention if he saw cause, or could show any reason why the By-Laws of the Society should not be enforced. That he had not appeared; that the proof was ample; his offense of the most aggravated nature. They therefore recommended his expulsion from the society.

Report accepted. The action of the society in county meeting confirmed, and J. R. Gay was expelled from the Connecticut Medical Society.

Dr. J. G. Beckwith, from the Standing Committee of Examination for Degrees and Licenses at the Medical Institution of Yale College, made a report, which was read by the Secretary and ordered to be printed with the proceedings. See Appendix.

Dr. Wm. W. Welch, from the Committee on the Litchfield County Resolutions, made the following report:

That the Secretary be requested to transmit printed copies of the tariff of fees and charges recommended by the committee appointed by them for that purpose, with such alterations as we have made in the report now submitted by us, to the several clerks of the county societies, and we recommend the adoption of them, except in the cities of the State.

Report accepted. Resolution adopted. See Appendix.

On motion of Dr. Ford,

Resolved, That the Secretary be instructed to publish with the proceedings of the present year the Code of Medical Ethics of the American Medical Association, and that said code be adopted by this Convention.

Also, that the Charter, By-Laws, and Medical Police of the Connecticut Medical Society adopted by us, be published.

Also, all resolutions now in force, passed by previous Conventions, be published.

The above resolutions were severally considered and passed by the Convention.

Dr. Welch, from the Committee on Honorary Degrees and Honorary Membership, reported the names of Dr. Ashbel Woodward, of Franklin, Sabin Stocking, of Glastenbury, J. D. Wilcox, of Granby, Lewis Richards, of New Canaan, Prof. Jno. A. Porter, of New Haven, and Henry Aldrich, of Rhode Island, as suitable persons for the Honorary Degree of Doctor of Medicine.

Also, Frank H. Hamilton, of Geneva, and Robert Watts, of New York, as Honorary Members.

Report accepted, and on balloting for the several gentlemen, they were unanimously elected: viz., Profs. Hamilton and Watts as Honorary Members of the Society, and Drs. Woodward, Stocking, Wilcox, Richards, Aldrich, and Prof. Porter, were recommended to the Corporation of Yale College for the Honorary Degree of Doctor of Medicine.

Adjourned to 8 o'clock, Thursday A. M.

Thursday, 8 o'clock A. M.

Convention met pursuant to adjournment.

Dr. Hooker offered the following resolutions, which were unanimously adopted by the Convention.

Resolved, That in the death of Dr. Richard Warner, late President of our Society, we have lost one of our most valuable members, and that while we contemplate his bright example as a faithful Christian physician, we should be incited to greater diligence in the performance of our duties in the few years that are allotted to us, and that ————— be requested to prepare an obituary notice of the deceased, to be inserted in the proceedings.

Resolved, That the Secretary be requested to transmit a copy of the above resolutions to the family of the deceased.

The President filled the blank with the name of Wm. B. Casey, M. D.

On motion of Dr. W. Hooker,

Resolved, That the thanks of the profession are due to Dr. Chas. Hooker for his efforts in relation to the distribution of the Transactions of the American Medical Association, and that he be requested to continue those efforts, so that the valuable volumes issued annually by the National Association may be still more widely distributed among the members of our State Society.

Passed unanimously.

Dr. Brownell, from the Committee on the appointment of Delegates to the American Medical Association, reported the names of Drs. Benjamin Rogers, J. G. Beckwith, L. N. Beardsley, and J. D. Ford.

Report accepted, and they were appointed.

Dr. Welch, from the Committee to nominate a Dissertator to the next Convention, reported the names of Dr. Samuel G. Hubbard, of New Haven, as Dissertator, and Dr. J. D. Ford, of Norwich, as substitute.

Report accepted, and they were severally appointed.

Dr. Hall, from the Committee to audit the Treasurer's report, reported that they had examined the same and found it correct.

Report accepted, and committee discharged.

Dr. W. Hooker, from the Committee on Gratuitous Students, reported that the following gentlemen were elected from the following counties, viz.:

Hartford county,	Lucian S. Wilcox,
New Haven county,	Oliver H. Bronson,
Windham county.	Josiah V. Harrington,
Litchfield county.	Wm. M. Knight.
Tolland county,	Cyrus Newton.

For vacancies in New London, Fairfield, and Middlesex counties, John Witter, Stephen F. Pomeroy and S. C. Robinson were recommended.

Report accepted, and the vacancies were filled by John Witter, Stephen F. Pomeroy and S. C. Robinson.

On motion of Dr. S. G. Hubbard.

That the county meetings be instructed, in the recommendation of Students for Gratuitous Courses of Lectures in the Medical Institution of Yale College, to select, as far as possible, only those who have attended and paid for one course in that institution, or who give satisfactory pledges that they will attend and pay for their second course of lectures there.

Motion passed, and recommendation adopted.

On motion of Dr. W. Hooker,

Resolved, That a tax of one dollar and fifty cents be laid upon each member, payable on the 1st June next.

Resolution adopted, and tax laid.

Dr. Bidwell, from the Committee on Debentures, made a report, which was read, accepted, and ordered to be paid.

On motion, the Convention then adjourned *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

JAMES JACKSON,	Boston, Mass.
JOHN C. WARREN,	Boston, Mass.
BENJAMIN SILLIMAN,	New Haven.
THEODORE ROMEYN BECK,	Albany, N. Y.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	New Haven.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	Montgomery, Ala.
JOHN WATSON,	New York City.
FRANK H. HAMILTON,	Geneva, N. Y.
ROBERT WATTS,	New York.



ORDINARY MEMBERS.

*The names of those Members who are exempt from taxation by age,
are in italics; the names of those who have been Presidents of the
Society, are in capitals.*

HARTFORD COUNTY.

Chairman.

WILLIAM R. BROWNELL, M. D., Clerk.

<p>HARTFORD, GEORGE SUMNER, Henry Holmes, Samuel B. Beresford, George B. Hawley, Gurdon W. Russell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i>, E. K. Hunt, John S. Butler, H. A. Grant, J. C. Jackson, A. W. Barrows, Thomas Miner, M. W. Wilson, William Porter, Charles P. Kob, John H. Wells, William R. Brownell, P. W. Hastings, S. C. Preston, A. Morrison. WEST HARTFORD, Edward Brace. AVON, Alfred Kellogg. BERLIN, E. Brandagee, Jr. NEW BRITAIN, <i>Samuel Hart</i>, Roswell Hawley, E. D. Babcock, B. N. Comings. BLOOMFIELD, Henry Guy. BRISTOL, Joseph W. Camp, John S. Moody. BURLINGTON, William Elton, 2d. CANTON, <i>Collinsville</i>, Russell H. Tiffany. EAST HARTFORD, <i>Eli Hall</i>, Seth L. Child, Clarence M. Brownell, H. K. Olmstead. EAST WINDSOR, Hiram Watson. <i>Broad Brook</i>, Marcus L. Fisk. <i>Warehouse Point</i>, Joseph Olmstead. ENFIELD, J. P. Converse, A. L. Spalding, H. A. Grant.</p>	<p><i>Thompsonville</i>, J. Bailey Beach. FARMINGTON, Asahel Thompson. <i>Plainville</i>, G. A. Moody. <i>Unionville</i>, William H. Sage. GLASTENBURY, <i>Ralph Carter</i>, Clinton Bunce. <i>South Glastenbury</i>, C. E. Hammond, Luman J. Andrus, Henry Gilbert. <i>Eastbury</i>, Sabin Stocking. GRANBY, Jairus Case, <i>Joseph F. Jewett</i>. <i>East Granby</i>, Chester Hamlin. <i>West Granby</i>, Justus D. Wilcox. MANCHESTER, W. C. Williams, W. Scott. ROCKY HILL, <i>Sylvester Bulkeley</i>, — Griswold. SIMSBURY, Roderick A. White. <i>Tariffville</i>, George W. Sanford, Charles W. Ensign. SOUTHINGTON, Julius S. Barnes, N. H. Byington, F. A. Hart. SOUTH WINDSOR, Horace C. Gillette, Sidney Rockwell, William Wood. SUFFIELD, Samuel B. Low, Aretus Rising. WETHERSFIELD, E. F. Cooke, A. S. Warner, R. Fox. WINDSOR, <i>William S. Pierson</i>. <i>Windsor Locks</i>, Samuel W. Skinner. <i>Poquonock</i>, Oliver B. Griggs.</p>
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NEW HAVEN COUNTY.

Chairman.

S. G. HUBBARD, M. D., Clerk.

NEW HAVEN, *Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, A. S. Monson, Charles Hooker, Nathan B. Ives, E. H. Bishop, E. D. North, J. A. Totten, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, A. Moody, W. J. Whiting, A. C. Blakeslee, H. W. E. Mathews, C. A. Lindsley, Worthington Hooker, Charles Byington, T. P. Beers, Jr., K. Hassler, Noah B. Welton, John Nicoll, G. E. Budington, John K. Downs, E. B. Bills.*
Westville, Samuel Lloyd.
Fair Haven, C. S. Thompson, W. M. White, Lyman Parker, W. L. Kellogg.
 BETHANY, *Asa C. Woodward.*
 BRANFORD, *Willoughby L. Lay, Harvey B. Way, Jacob O. Loomis.*
 NORTH BRANFORD, *Sheldon Beardsley.*
 CHESHIRE, *A. J. Driggs.*
 ANSONIA, *Samuel P. Church.*
 BIRMINGHAM, *Ambrose Beardsley, T. Dutton.*

HAMDEN, *E. D. Swift.*
Humphreysville, Abiram Stoddard, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.
 EAST HAVEN, *Bela Farnham.*
North Haven, Roswell F. Stillman.
 GUILFORD, *Joel Canfield, Alvan Talcott.*
 MADISON, *Reynold Webb.*
 MERIDEN, *Lewis Barnes.*
West Meriden, B. H. Catlin, Edward W. Hatch.
Yalesville, C. B. McCarty.
 MILFORD, *Hull Allen, L. N. Beardsley.*
 NAUGATUCK, *J. D. Mears, Timothy Langdon.*
 SOUTHBURY, *A. B. Burritt.*
South Britain, N. C. Baldwin.
 WALLINGFORD, *B. Harrison, Nehemiah Banks, Samuel N. Rowell.*
 WATERBURY, *M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley, P. G. Rockwell.*
 WOODBRIDGE, *Isaac Goodsell, Andrew Castle.*

NEW LONDON COUNTY.

ASHBEL WOODWARD, M. D., Chairman.

ALBERT HOBRON, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard, Nathaniel S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwaring, P. R. Baker.*
 NORWICH, *Richard P. Tracy, Erastus Osgood, Elijah Dyer, Elisha Phinney, John D. Ford, Edwin Bentley, Benjamin S. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston, Henry W. Leach, Daniel G. Gulliver.*
 BOZEAH, *Samuel Johnson.*
 COLCHESTER, *Ezekiel W. Parsons, Frederick Morgan.*
 EAST LYME, *John L. Smith, Austin F. Perkins.*
 FRANKLIN, *Ashbel Woodward.*
 GROTON, *Joseph Durfee.*

Noank, *A. T. Douglass.*
 LEBANON, *Joseph Comstock, Ralph P. Green.*
 LEDYARD, *Gale's Ferry, Rufus W. Mathewson.*
 LYME, *Richard Noyes, John Noyes.*
North Lyme, Wm. W. J. Warren.
 MONTVILLE, *Samuel E. Maynard.*
Uncasville, John C. Bolles.
 NORTH STONINGTON, *Thos. P. Wattles.*
 PRESTON, *Avery Downer, Eleazer B. Downing.*
Poquetannock, Henry C. Randall.
 SALEM, *Nathaniel Foote.*
 STONINGTON, *William Hyde, George E. Palmer, William Hyde, Jr.*
Mystic, Mason Manning.
Mystic Bridge, E. F. Coats, A. W. Coats.

FAIRFIELD COUNTY.

Chairman.

JUSTUS SHERWOOD, Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.	HUNTINGTON, <i>James H. Shelton.</i>
<i>Greenfield</i> , Rufus Blakeman.	MONROE, Salmon H. Hall.
<i>Southport</i> , Justus Sherwood.	NEW CANAAN, <i>Samuel S. Noyes</i> , Lewis Richards.
BRIDGEPORT, D. H. Nash, Frederick J. Judson, L. W. Burritt, <i>William B. Nash</i> , Robert Hubbard, H. N. Bennett, L. F. Humiston.	NORWALK, <i>John A. McLean</i> , Ira Gregory.
BROOKFIELD, <i>Noah A. Lacey</i> , A. L. Williams.	STAMFORD, N. D. Haight, Samuel Sands, Lewis Hurlbut.
DANBURY, R. B. Botsford, E. P. Bennett.	STRATFORD, <i>William T. Shelton.</i>
EASTON, James Baldwin, Abram P. Ticknor.	TRUMBULL, <i>ELIJAH MIDDLE-BROOK</i> , George Dyer.
	WESTPORT, George Blackman, David S. Burr.

WINDHAM COUNTY.

HARVEY CAMPBELL, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel M. Hale, William Woodbridge.	<i>Centralville</i> , Elijah Baldwin, Jr.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Williams.
CANTERBURY, <i>Elijah Baldwin</i> , Joseph Palmer.	STERLING, William A. Lewis.
CHAPLIN, Orrin Witter.	THOMPSON, Sewell Holcomb, John McGregor.
HAMPTON, Dyer Hughes, Wm. Soule.	VOLUNTOWN, <i>Harvey Campbell.</i>
KILLINGLY, <i>Daysville</i> , Justin Hammond.	WINDHAM, <i>Chester Hunt</i> , De Witt C. Lathrop.
<i>South Killingly</i> , Daniel A. Hovey.	<i>Willimantic</i> , John Hill, Jr.
<i>East Killingly</i> , E. E. Hill.	SCOTLAND, Calvin B. Bromley.
<i>West Killingly</i> , David E. Hall, Samuel Hutchins, Stephen C. Griggs.	WOODSTOCK, North, Asa Witter.
<i>Quinebaug</i> , Henry W. Hough, Thomas W. Perry.	<i>South Woodstock</i> , Lorenzo Marcy.
PLAINFIELD, William H. Cogswell.	<i>West Woodstock</i> , Milton Bradford, Charles H. Rogers.
<i>Moosup</i> , <i>Morey Burgess</i> , <i>Nathan S. Pike</i> , Horace Burgess, Lewis E. Dixon.	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

SAMUEL T. SALISBURY, M. D., Chairman.

GEORGE SEYMOUR, M. D., Clerk.

LITCHFIELD, <i>Samuel Buel</i> , Josiah G. Beckwith, George Seymour, D. E. Bostwick, Charles Vail, E. Osborn.	CORNWALL, Burritt B. North, John H. Welch.
<i>South Farms</i> , Garry H. Miner.	<i>West Cornwall</i> , Samuel W. Gold.
CANAAN, Ithamar H. Smith.	COLEBROOK, Seth Pease.
<i>South Canaan</i> , John A. Gillett.	<i>Gaylord's Bridge</i> , Gamaliel H. St. John.
	GOSHEN, A. M. Huxley.
	HARWINTON, V. Miller.

KENT, <i>Wells Beardsley</i> , Johnson C.	SHARON, Ralph Deming, Chauncey Reed.
Hatch, John E. Smith.	TORRINGTON, <i>Wolcottville</i> , Erastus Bancroft, J. W. Phelps.
NEW MILFORD, <i>Jehiel Williams</i> , Wm. B. Lacy.	WARREN, O. Brown.
<i>Bridgewater</i> , Horace Judson.	Woodville, Manly Peters.
NORFOLK, William W. Welch, E. D. Huggins.	WASHINGTON, R. M. Fowler.
PLYMOUTH, Samuel T. Salisbury.	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
<i>Plymouth Hollow</i> , William Woodruff.	WATERTOWN, Samuel Catlin, Jr.
ROXBURY, Myron Downs.	WINCHESTER, <i>West Winsted</i> , James Welch, H. G. Westlake, J. W. Bidwell.
SALISBURY, <i>O. Plumb</i> , William J. Burge.	WOODBURY, Charles H. Webb.
<i>Lakesville</i> , Benjamin Welch, Jr., Wm. M. Knight.	

MIDDLESEX COUNTY.

CHARLES WOODWARD, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Franklin Woodruff, Elisha B. Nye, George W. Burke.	EAST HADDAM, <i>Asa M. Holt</i> , <i>Datus Williams</i> .
CHATHAM, <i>East Hampton</i> , Francis G. Edgerton.	HADDAM, — Bidwell.
<i>Middle Haddam</i> , A. B. Worthington.	<i>Higganum</i> , William H. Tremaine.
CHESTER, S. W. Turner.	KILLINGWORTH, Richard M. Buel.
CLINTON, Denison H. Hubbard.	PORTLAND, George O. Jarvis, <i>Stephen Fuller</i> , G. C. H. Gilbert.
CROMWELL, Ira Hutchinson.	SAYBROOK, <i>Asa H. King</i> .
DURHAM, Benjamin M. Fowler.	<i>Deep River</i> , Rufus Baker.
	OLD SAYBROOK, <i>Esser</i> , Alexander H. Hough, Frederick W. Shepard.

TOLLAND COUNTY.

TIMOTHY DIMOCK, M. D., Chairman.

GILBERT H. PRESTON, Clerk.

TOLLAND, <i>Ahijah Ladd</i> , Oliver K. Isham, Gilbert H. Preston.	<i>South Mansfield</i> , <i>Earl Swift</i> .
BOLTON, Charles F. Sumner.	SOMERS, <i>Orson Wood</i> , Erasmus E. Hamilton.
COLUMBIA, Harrison McIntosh.	STAFFORD, <i>East</i> , William N. Clark, Eleazer S. Beebe.
COVENTRY, <i>North</i> , Eleazer Hunt.	<i>Stafford, West</i> , Joshua C. Blodget.
<i>So. Coventry</i> , T. Dimock.	UNION, E. Linsley.
ELLINGTON, <i>Allen Hyde</i> , <i>Horatio Dow</i> , J. H. Manning.	VERNON, Alden Skinner.
HEBRON, <i>JOHN S. PETERS</i> , Orrin C. White, Elijah A. Woodward.	<i>Rockville</i> , M. M. Frizzle.
MANSFIELD, <i>North</i> , <i>Norman Brigham</i> , W. H. Richardson.	WILLINGTON, Francis L. Dickinson.

**SUMMARY OF ORDINARY MEMBERS FOR 1854, WITH THE
DEATHS IN THE YEAR ENDING APRIL 1, 1854.**

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	72	8	80	1
New Haven County,	67	11	78	1
New London County,	37	13	50	3
Fairfield County,	23	8	31	1
Windham County,	33	5	38	1
Litchfield County,	27	4	31	1
Middlesex County,	23	2	25	1
Tolland County,	17	5	22	1
Total,	298	56	354	10

NOTE. Former Fellows of the Connecticut Medical Society, are *permanent members* of the Annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the By-Laws, to be present at all meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1854,

WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County. Archibald Welch, by the Railroad Disaster at Norwalk, aged 59.

New Haven County. Gardiner Barlow, Meriden, Phthisis, aged 49.

New London County. F. D. Brandagee, New London, Phthisis, aged 27.
Ephraim Fellows, Montville, aged 80. Alvah Gray, No. Stonington, aged —.

Fairfield County. Samuel Beach, killed in the Norwalk Disaster, aged —.

Windham County. Samuel Bowen, Thompson, Chronic Diarrhea, aged —.

Litchfield County. William Werden, Scrofula, aged 47.

Middlesex County. Richard Warner, Chronic Disease of the Digestive Organs, aged 59.

Tolland County. Adonijah White, Andover, Chronic Disease of the Liver and Duodenum, aged 58.

DUTIES OF CLERK.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes, and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the Members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
 2. Certificates of Membership presented and read by Secretary.
 3. Committee on the election of Fellows.
 4. Address of President.
 5. Election of officers for the ensuing year.
 6. Unfinished business of previous year disposed of.
 7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
 8. Reading Treasurer's Report.
 9. Committee to audit the same.
 10. Committee on Debentures.
 11. Standing Committees appointed.
 12. Committee to nominate Delegates to National Convention.
 13. Committee on Candidates for gratuitous course of Lectures.
 14. Committee on Honorary Degrees and Honorary Membership.
 15. Committee to nominate Dissertator.
 16. Dissertation.
 17. Reports of Committees appointed on County Communications, Resolves, &c.
 18. Reports of Standing Committees.
 19. Reports of Committees in the order in which business was brought forward in Convention.
 20. Miscellaneous business.
- Adopted May, 1850.

DISSERTATIONS READ IN CONVENTION.

SINCE THE YEAR 1800.

- 1800. Dr. Nathaniel Dwight, on Lunacy.
- 1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
- 1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
- 1818. Dr. William Buel, on Ergot.
- 1820. Dr. Thomas Miner, on Typhus Fever.
- 1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
- 1822. Dr. William Tully, on the Yellow Fever at Middletown.
- 1823. Dr. Dyer T. Brainard.
- 1827. Dr. Samuel B. Woodward, on the Biography of the Physicians of the State.
- 1829. Dr. George Sumner, on Extra-uterine Conception.
- 1830. Dr. Charles Hooker, on Diseases of the Ear.
- 1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
- 1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
- 1837. Dr. Archibald Welch, on Scarlet Fever.
- 1838. Dr. Isaac G. Porter, on the Disease commonly denominated Spinal Irritation.
- 1849. Dr. Henry Bronson, on the Mental Qualifications necessary to a Physician.
- 1840. Dr. Richard Warner, on the Advantages of prompt and efficient practice in Acute Diseases.
- 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical Jurisprudence.
- 1842. Dr. Charles Woodward, on Uterine Irritation.
- 1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
- 1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the reasons that it is not awarded by the Community.
- 1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
- 1846. Dr. Theodore Sill, Observations on Typhus Fever.
- 1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.

1848. Dr. B. F. Barker, Remarks on some forms of disease of the
Cervix Uteri.
1849. Dr. Alvan Talcott, on Hygiene.
1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
1851. Dr. George Sumner, on the Early Physicians of Connecticut.
1853. Dr. Rufus Blakeman, Early Physicians of Fairfield County.
1853. Dr. Samuel Beach, on Popularizing Medicine.
1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.

APPENDIX.

Report of the Annual Examination of the Medical Institution of Yale College, for the year 1854.

THE Examining Committee convened on Wednesday, January 25th, and continued in session two days. Present on the part of the Connecticut Medical Society:

Pinckney W. Ellsworth, M. D., of Hartford.

Hanford N. Bennett, M. D., of Bridgeport.

Josiah G. Beckwith, M. D., of Litchfield.

On the part of Yale College—Profs. J. Knight, T. P. Beers, C. Hooker, H. Bronson, W. Hooker, and J. A. Porter.

J. G. Beckwith, M. D., was appointed President *pro tem.*, *vice* Richard Warner, M. D., President of the Connecticut Medical Society, deceased.

Ten candidates were examined, and recommended for the Degree of Doctor in Medicine, viz.:

1. Burr Reeve Abbe, Boston, Mass., on "Lepra Tuberculosa."
2. William Orville Ayres, B. A., 1837, Boston, Mass., on "Tetanus," with the Valedictory Address.
3. Erastus Bradley Bills, New Haven, on "Retained Placenta."
4. John Kenney Downes, New Haven, on "Fractures."
5. Josiah Griffin Ely, Lyme, on "Continued Fevers."
6. Horatio Nelson Howard, Abbot, Mass., on "Intermittent Fevers."
7. John Nicoll, New Haven, on "The Cause, Duration, and Termination of Disease."
8. Henry Pierpont, Litchfield, on "Induction of Premature Labor."
9. Moses Henry Wakeman, Fairfield, on "Digestion."
10. Moses Clarke White, B. A., Wesleyan University, 1845, Cardiff, N. Y., on "The Abuses of Opium."

The Valedictory Address by Dr. Ayres, of the Graduating Class, and the Annual Address to the Candidates, by P. W. Ellsworth, M. D., of Hartford, of the Board of Examiners, were given on Thursday evening, in presence of a large audience, in the Medical College; after which, the Degrees were conferred by President Woolsey.

Hanford N. Bennett, M. D., of Bridgeport, and Benjamin H. Catlin, M. D., of Meriden, were appointed to give the Annual Address to the Candidates in 1855 and 1856.

J. G. Beckwith, M. D., was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

Adjourned *sine die*.

CHARLES HOOKER, *Secretary*.

The published report of the Secretary of the Faculty of the Medical Institution of Yale College, just read, presents the names of the Board of Examination present at the Annual Examination for Degrees, at the Medical Institution of Yale College, at the close of the Lecture Term, on the 25th and 26th January, 1854, and also the names of the Graduates of the Institution, with the subjects of the theses read and defended by them on that occasion.

But it has been customary for the Committee of Examination to report to the Annual Convention such other information, in relation to the Graduating Class and the prosperity of the Institution, and to make such suggestions in reference to the common interests of the College and the Medical Society, as they deem wise and expedient.

In behalf of the Board of Examination, it gives us much pleasure to report to the Convention that without an exception the candidates for graduation sustained themselves with unusual ability and received the *unanimous* approval of the Board of Examination.

Your Committee would further report that while the entire class gave the most satisfactory evidence of more than usual preparation for the active duties of their profession, there was in the class one gentleman who has distinguished himself by his extensive researches in natural history, and another had been a missionary in dispensing to the Chinese the great improvements of the present age in Medicine and Surgery, all of which sustained the opinion so often expressed in the reports of your Examining Committee, that the Graduates of this Medical Institution are not inferior in scientific attainments or professional ability to the graduates of any other medical college in this or any other country.

We are happy to report that the Medical Clinique has been well sustained during the past lecture term, and the number of subjects furnished for the dissecting room and for private dissection have been amply sufficient for the exigencies of the class.

The students, as heretofore, have had the advantages of private examinations on the lectures of the day, by an association of the Professors of the College, assisted by distinguished practitioners of the city of New Haven, thus giving to the student the advantages of learning with the theory of his profession lessons of wisdom from the lips of experience, which are of great practical value to the young practitioner of Surgery and Medicine.

The funds of the College now justify a liberal annual expenditure for additions to the College Library, the already extensive and well-selected preparations of the Museum, and all the other improvements of the present age necessary to enable

the student to acquire that knowledge which will prepare him to discharge the high and responsible duties of his profession satisfactorily to his brethren and the public.

We are happy also to notice that among the contributions to the College are plates, books, apparatus and morbid specimens from Graduates of our own school, in this and foreign lands, who evince the appreciation and regard in which they hold their venerable Alma Mater, by valuable and useful donations, which shall hand down to successive Medical Classes their names, long after they have ceased to exist upon the earth.

Connected with this topic, we will not deem it inappropriate to solicit not only the members of the Convention, but every member of the Connecticut Medical Society, to give his influence in aid of the application for an appropriation from the State for the benefit of the General Hospital in this city. This Hospital has a claim upon the profession paramount to any other which can be presented for our consideration at this time. The liberal endowments of public Hospitals are justly regarded as among the evidences of the prosperity and liberality of the State, of the wisdom of her executive and legislative departments, as fountains of exhaustless charity, and the crowning characteristic of Christianity.

By a fair representation of the claims which this appropriation has upon the General Assembly now convened, made by the profession upon the individual members from the several towns, I have no reasonable doubt but what such an appropriation can be obtained from the treasury of the State as will enable the corporation of the General Hospital Society to extend to every person legitimately entitled to its benefits, (wherever his health may have been lost, whether on the ocean or the land, in fighting the battles of his country, in extending her commerce, or in the more quiet pursuits of agriculture or manufacturing, irrespective of color or birthplace,) the free and inestimable benefits of the acknowledged preëminent medical skill and surgical talent connected with the Hospital and the College. Here will then be found a retreat which will shelter the poor outcast from the storms and tempests of life, where will be furnished not only the best surgical skill, with the ablest medical advice, but the most devoted nurses, professionally enforcing the rules of diet so necessary to the sick, and so difficult of attainment in private practice. And in incurable cases, here will be faithfully administered the consolations of our religion; and when science, skill and philanthropy can do no more for the poor sufferer, he will here receive a Christian burial. It will also give the benefit of the skill of experienced operative surgeons to patients from other parts of the State, in important and difficult operations, without charge, (except for board and nursing,) under more advantageous circumstances for recovery, than in the alms-houses of the country, or even in many private dwellings.

It will also confer upon the Medical College, by giving to its students more widely extended fields of research and observation, an advantage so tenaciously claimed in the larger cities of the Union, and for the more universally attended schools of New York and Philadelphia.

If the profession are true to themselves, to the acknowledged wants of the State, to the interests which we represent in this Convention, to the claims of the College upon us, and if we exert the influence to which the profession are justly entitled, in all reasonable appropriations for the public good, and the cause of

suffering humanity, we believe such an appropriation will be made by the General Assembly of this State; that our Hospital now struggling for existence will take rank with our Retreat for the Insane, and our Asylum for the Deaf and Dumb, as among the proudest and most enduring monuments of philanthropy in our land.

Respectfully submitted in behalf of the Board of Examination,

J. G. BECKWITH, *Chairman.*

CIRCULAR OF THE NEW HAMPSHIRE STATE MEDICAL SOCIETY.

At the Annual Meeting of the New Hampshire Medical Society, holden at Concord, June 1, 1853, the following resolutions were unanimously adopted:

Resolved, That it is the decided opinion of the New Hampshire State Medical Society, that no Delegate should be admitted to membership in the American Medical Association, who represents a medical society which numbers among its members any person or persons who adopt as their system of practice any form of empiricism.

Resolved, That the Secretary of this Society be instructed to transmit a copy of this Resolution to the Secretaries of each of the State Medical Societies, and to the Secretaries of the American Medical Association, previous to their next Annual Meeting.

E. K. WEBSTER,

Secretary N. H. Medical Society.

BOSCAWEN, June, 1853.

CIRCULAR OF THE LITCHFIELD COUNTY MEDICAL SOCIETY.

Published by Vote of the Convention.

DEAR SIR:

At the Annual Meeting of the Litchfield County Medical Society, held at Litchfield, April 27th, 1854, the following Resolution was unanimously adopted, viz.:

Resolved, That a Committee of Five be appointed, to prepare a tariff of fees, and report the same by Circular to each member, which shall be considered as

binding from June 1st to our next meeting ; and that our Fellows be instructed to present the same to the State Medical Society.

The undersigned, a Committee appointed in accordance with the above Resolution, report as follows :

Office prescription, 0 to \$1.00 ; Letter of advice to attending Physician, \$1 to \$5. Visit within one mile, 50 to 75 cents. Each additional mile, 25 cents. Extra attendance, per hour, 0 to \$1. Consultation : three miles and under, double the usual charge—over three miles, \$2 to \$5 and travel. Night calls, double the usual charge. Ordinary obstetrical cases, \$4 to \$5 ; beyond six miles, travel extra. Excision of tonsil, \$5 to \$10. Ext. tooth and venesection, 0 to \$1 each. Cupping, 50 cents to \$1. Dislocations, Hip, \$5 to \$10 ; Shoulder, \$5 to \$8 ; other dislocations, \$1 to \$3. Fracture of Thigh, first dressing, \$5 to \$10 ; Leg, \$3 to \$8 ; other fractures, \$1 to \$3 ; subsequent dressings, 50 cents to \$1 above ordinary visit. Trephining, \$20 to \$30. Amputations—Thigh, \$25 to \$50 ; Leg, \$20 to \$40 ; Arm, Forearm, and Breast, \$20 to \$30. Small-Pox, or where infection is apprehended, double the usual charge.

From the very limited time allowed, your Committee have been unable to go further into detail. The above list, however, is believed to embrace the more important items, and may serve as a guide toward uniformity. The prices annexed are put down as the *minimum*, the main design being to prevent undercharging ; leaving each practitioner to make such additional charge as his particular situation, or the circumstances of the case may seem to demand.

Your Committee would further recommend that no deduction be made for patients residing in the same vicinity, where a visit is considered necessary.

GEORGE SEYMOUR, SAM'L T. SALISBURY,
BENJ. WELCH, D. E. BOSTWICK,
WILLIAM W. WELCH.

LITCHFIELD, April 27, 1854.

RESOLUTION

Introduced to the Convention by the New London County Medical Society.

Resolved, That the Fellows from this County lay before the State Medical Society the propriety of taking measures to have a general law respecting the conditions on which Patent Medicines may or shall be disposed of in the State, and introduce for consideration the proposed law relating to Patent Medicines, now before the Legislature of the State of New York.

ON THE SALE OF PATENT MEDICINES.

Mr. Whitney, in pursuance of notice, introduced the following bill, (which was referred to the Committee on Medical Colleges,) being—

AN ACT

RELATING TO THE SALE OF PATENT MEDICINES.

The People of the State of New York, represented in Senate and Assembly, do enact as follows :

§ 1. It shall not be lawful for any physician, druggist, apothecary, or any person, or persons, engaged in preparing or manufacturing any medicine, or compound, to be given or administered as a medicine, (except such medicines and compounds as are published in standard works of Chemistry, *Materia Medica*, *Pharmacopæia*,) to offer the same for sale, either himself, or by his agents, without first filing in the office of the County Clerk in the county where he resides, a receipt of the medicine, compound, or nostrum, written or printed in the English language, stating the name of the drug or drugs, medicine or medicines, or ingredients of which it is compounded, together with the proportions of each, with an affidavit attached, taken and subscribed before some officer, who is by law authorized to take the acknowledgment of deeds, stating that the receipt to which said affidavit is attached is a true receipt of all the medicines, and their proportions, of which the said medicine or compound is composed.

§ 2. It shall not be lawful for any druggist, apothecary, or other person or persons, to sell or offer for sale any preparation, medicine or compound, intended to be administered as a medicine, except such as are published in standard chemical or medical works, as provided in the first section of this act, unless there shall be affixed or attached thereto, in a conspicuous manner, a receipt written or printed in the English language, stating the names of all the ingredients, with their proportions, of which said preparation or compound is composed, and signed by the maker or manufacturer in his own handwriting, or by a fac-simile of his handwriting, and referring to the office where a true copy of said receipt, with an affidavit attached, is filed according to the first section of this act.

§ 3. The provisions of the first and second sections of this act, shall not apply to the prescriptions of practicing physicians, nor to druggists or apothecaries in preparing the prescriptions of practicing physicians in the ordinary course of business.

§ 4. Any person who shall counterfeit the handwriting or *fac-simile* as referred to in the second section of this act, shall be deemed guilty of felony, and on conviction thereof, shall be punished according to law.

§ 5. Any person who shall make a false affidavit in relation to any such medicine or compound, shall be deemed guilty of perjury, and on conviction thereof, shall be punished according to law.

§ 6. Any person or persons who shall violate the provisions of this act, shall be considered guilty of a misdemeanor, and on conviction thereof, shall be fined for each offense, a sum not less than \$10, nor more than \$100, or be imprisoned for a term not exceeding three months in a county jail.

§ 7. This act shall not take effect until the first day of January, 1855.

We publish, for the information of the profession, the following Act, passed by the General Assembly at their May Session, 1853, entitling the person making post mortem examination to fee; entitled

AN ACT

IN ADDITION TO "AN ACT CONCERNING CRIMES AND PUNISHMENTS."

Be it enacted by the Senate and House of Representatives in General Assembly convened:

That whenever in the opinion of the grand juror of any town, or the prosecuting officer of any county or city in this State, it shall be deemed important to ascertain the cause of death of persons found dead under circumstances justifying the suspicion that such person may have died from violence or poison, such grand juror or public prosecutor may employ some competent person or surgeon, to make a post mortem examination of the bodies of such deceased persons, to obtain the proper evidence in relation to the death of such persons, and the cause of such death; and whenever such examination shall be made by direction of the proper authorities as aforesaid, a reasonable compensation shall be allowed therefor, to be paid by the State; and the Superior Court, upon proof that such service has been rendered, may tax and allow the same.

CIRCULAR OF THE HARTFORD COUNTY MEDICAL SOCIETY.*

HARTFORD, January 12th, 1854.

DEAR SIR:

At a meeting of the Hartford County Medical Society, held in this city, October 13th, 1853, a committee was appointed to collect materials for a Sanitary Report of this County. It is for this object that we now address you, and request your assistance in that measure. You will readily see how desirable it is that a sanitary history of each town in the County should be obtained, which can only be accomplished by the personal contributions of each Physician. Do we ask too much of you when we present the following questions for your serious attention, answering such as you may be able, and adding such remarks or information as will make the history more complete.

A Medical History of your Town is what we especially want: this you can furnish yourself, or you can do it upon conference with your brethren, *but do not wait for any one else* to communicate such information as we ought to possess.

The questions are selected from those recommended by the General Board of Health of Massachusetts, and are thought to be sufficiently comprehensive, but you are desired to communicate any information not reached by these.

As members of a body of learned men, claiming to be scientific in character and pursuits, we owe something to the public as well as to ourselves. You can see, my dear sir, that if we enter into this matter with spirit, we can bring together a mass of information that can be obtained in no other way, and which will be

* Intended to be brought before the Convention, but having been omitted by accident, it is now published, by request, for the consideration of the State Medical Society.

of immense importance. The concerted action of so many minds will develop many valuable facts, and will enable us more faithfully to fulfill our duty, not only of curing disease, but as much as possible of preventing it.

May we then present this subject of a Sanitary History of our County to your earnest attention, and request that your communications be sent to the Chairman of this Committee by the middle of March next, so that a Report may be prepared for our County Meeting in April.

GURDON W. RUSSELL,	} Committee.
A. S. WARNER,	
G. A. MOODY,	
HORACE C. GILLETTE,	
OLIVER B. GRIGGS,	

INQUIRIES RELATING TO THE HEALTH, SICKNESS, AND MORTALITY OF THE INHABITANTS.

1. What is the general character and condition of the town, whether healthy or unhealthy? What is the state of the most unhealthy parts, or where the highest rate of mortality is supposed to occur? What are the causes usually assigned for such mortality?

2. Have cases of fever, dysentery, or other epidemic, endemic, or contagious disease, or others of fatal character, been of frequent or rare occurrence? Have they been mild or malignant, and under what circumstances or causes have they occurred?

3. What was the aggregate annual amount of sickness suffered in different parts of the town, and among families and persons of different classes and occupations?

4. Please to give, from the most authentic sources within your power, the sanitary history and condition of the town in past years, specifying the healthy and sickly years, and the number of deaths, and causes of such sickness and deaths that happened in each.

6. State the *atmospheric causes of disease*. In what kind of weather and season, hot or cold, wet or dry, changeable or steady, or otherwise, did the diseases of different kinds occur? Whether on a hill, plain, or in a valley, exposed or protected from north, south, east and west winds? or in places subject to fogs or early frosts? and whether in a general epidemic or healthy season? Were there any peculiar circumstances observed in the appearance of insects, fish, or other animal life? or in vegetable productions? or in the electric or atmospheric phenomena? What other atmospheric cause occurred?

6. State the *local causes of disease*. Was it near to or distant from running water? or in the vicinity of marsh, bogs, low lands, drained or undrained, sometimes overflowed, sometimes dry; near stagnant water; natural or artificial mill or other ponds, constantly or occasionally full? or near other sources of malaria? Was it near any vegetable or animal matter in a state of decomposition; or other filth, impurities, or noxious exhalations, or unwholesome endemic influence, or contagious disease of any kind? Was the house or houses, in which different

diseases occurred, unduly crowded or otherwise? properly lighted, warmed, and ventilated? supplied with pure water? Were the springs and wells high or low? State any other local cause.

7. State the *personal causes of disease*. Whether the persons or families were natives of the town, or of other parts of the United States, or foreigners, or children of foreigners. If not natives, how long resident in the town, or in their particular place of abode. What was the profession or occupation of the head of the family in which sickness or death occurred, or of the person, if over fifteen years of age? What was his hereditary or acquired constitution? What were the means of subsistence of the family, whether ample, moderate, or poor? Did they own or rent the house in which they lived? Were they industrious in their habits, cleanly in their persons and habitations, temperate and prudent in their diet and mode of living, or otherwise? Had their previous general health been good? or had they been exposed to personal contagion? Was the cause accidental or otherwise? State any other personal cause.

8. In your opinion, what proportion of the sickness and mortality of the town might be prevented if the causes of disease were known, and the laws of health were understood and obeyed?

Conclusions and Recommendations suggested by the Facts elicited.

9. What inferences do you draw, what deductions do you make, or what conclusions do you derive, from the facts elicited? What suggestions would you make, or what measures would you propose or recommend, either municipal, social, or personal, to improve the sanitary condition of the town or its inhabitants? Please to specify measures and remedies; and suggest a mode by which they may be practically applied, and successfully carried into execution.

Act of Incorporation of the Connecticut Medical Society. Act in relation to the Medical Institution of Yale College. By-Laws, Medical Police, &c.

A N A C T

TO INCORPORATE THE CONNECTICUT MEDICAL SOCIETY.

SEC. 1. *Be it enacted by the Senate and House of Representatives in General Assembly convened*, That the Physicians and Surgeons now members of the Connecticut Medical Society, and all Physicians and Surgeons who shall be associated with them in pursuance of the provisions of this act, shall be and remain a body politic and corporate, by the name of THE CONNECTICUT MEDICAL SOCIETY; and by that name, they and their successors shall and may have perpetual succession; shall be capable of suing and being sued, pleading and being impleaded,

in all suits of whatever name or nature ; may have a common seal, and may alter the same at pleasure ; and may also purchase, receive, hold and convey any estate, real or personal, to an amount not exceeding one hundred thousand dollars.

SEC. 2. The members of the Society shall meet, annually, in their respective counties, at such places as have been or may hereafter be agreed upon by them, (on the second Thursday of April ;) and shall elect from among themselves, a chairman, clerk and such other officers as they may find necessary ; and being thus organized, shall thereupon immediately elect, by ballot, of their own number, in each county five, except in the counties of Middlesex and Tolland, and in each of those counties three Fellows, to have the superintendence and management of the Society. And the members of the Society in their respective county meetings, shall have power to adjourn said meetings from time to time, and to hold special meetings as they may judge expedient : and may adopt such regulations for their own government, and for the promotion of Medical Science, as they may think proper, not repugnant to the by-laws of the Society.

SEC. 3. The Fellows thus chosen at the several county meetings, shall meet together, on the second Wednesday of May, annually, at such time and place as has been, or may be designated by them ; and being thus assembled, shall elect by ballot, from among any of the members of the Society, a President, Vice-President, Treasurer and Secretary of the Society, who shall hold their office one year and until others be chosen, and shall by virtue of their office, be Fellows of the Society for the time being ; and shall have the same power, privileges and authority as if originally elected such by the members of the Society.

SEC. 4. The President, Vice-President, Treasurer, Secretary and Fellows thus chosen shall be known and called by the name of "THE PRESIDENT AND FELLOWS OF THE CONNECTICUT MEDICAL SOCIETY ;" a majority of whom, legally assembled together, shall be a quorum for the transaction of any business ; and shall have power to make by-laws for the regulation and government of the Society, and for the promotion of the objects of the same, not repugnant to the laws of the United States or of this State ; to expel any member of the Society for misconduct ; to admit honorary members ; to make rules for the admission of members of the Society, and for their dismissal from the same ; to lay a tax upon the members of the Society not exceeding two dollars in each year, to be collected by the clerks of the respective county meetings and to be paid over to the Treasurer of the Society ; to dispose of the moneys thus raised, and all other property of the Society in such a manner as they may think proper, to promote the objects and interests of the Society.

SEC. 5. At all the meetings of the Fellows for the transaction of business, the President of the Society, or in case of his absence, the Vice-President, shall preside ; and in case of the absence of the President and Vice-President, the Fellows present may elect one of their own number as President for the occasion.

SEC. 6. The President of the Society, or in case of his death, or absence out of the State, the Vice-President, on any special occasion shall have power to call a meeting of the President and Fellows, at such time and place as he may think proper, upon giving twenty days' notice in two newspapers printed in this State ; and in case of the death, resignation or inability of the President, Vice-President, Treasurer or Secretary of the Society, the vacancy made thereby may be filled for the remainder of the year, by the Fellows, at any legal meeting duly assembled.

SEC. 7. It shall be the duty of the several clerks of the county meetings, in their respective counties, to collect and pay over to the Treasurer of the Society all such taxes as shall from time to time be laid by the President and Fellows, upon the members of the Society as aforesaid; and for that purpose said clerks may procure a warrant under the hand of a justice of the peace against such member or members of the Society, as shall neglect or refuse to pay the taxes so imposed upon them as aforesaid; which warrant any justice of the peace is hereby empowered to issue; and said warrant shall be directed to the sheriff or his deputies of the county in which such delinquent member or members reside; and said sheriff or either of his deputies, on receiving such warrant may therewith proceed to enforce the collection of such tax or taxes, in the same manner, and with the addition of the same fees, as are by law prescribed and allowed to the collectors of town taxes. And if any of the clerks of the county meetings shall neglect or refuse to collect the taxes entrusted to him to collect, by the time the same are made payable, or having collected the same, shall neglect or refuse to pay the same over to the Treasurer of the Society, such Treasurer may cause a suit or suits to be instituted against such delinquent in the name of the Society, before any court proper to try the same, and the same to pursue to final judgment; and the clerks shall be allowed and receive a compensation of five per centum on all moneys collected by them respectively, and paid to the Treasurer of the Medical Society.

[SEC. 8. No physician or surgeon who shall have commenced practice since the year one thousand eight hundred, or who shall hereafter commence practice, shall be entitled by law to recover any debt or fees for such practice, unless he shall have been duly licensed by some Medical Society or College of Physicians; and all persons licensed to practice physic and surgery and practicing within this State shall of course be members of the Medical Society. *Repealed, June, 1842.*]

Approved, June 5th, 1834.

AN ACT

IN ALTERATION OF AN ACT ENTITLED "AN ACT TO INCORPORATE THE
CONNECTICUT MEDICAL SOCIETY."

Be it enacted by the Senate and House of Representatives in General Assembly convened, That the several county meetings of the Connecticut Medical Society may change the time of holding said meetings to such time as they may severally appoint; and that so much of the act to incorporate the Connecticut Medical Society as is contrary to this act be, and is hereby repealed.

Approved, June 12th, 1847.

AN ACT

IN RELATION TO THE MEDICAL INSTITUTION OF YALE COLLEGE.

SEC. 1. *Be it enacted by the Senate and House of Representatives in General Assembly convened,* The Medical Institution established in Yale College, pursuant to an agreement between the President and Fellows of Yale College, and the President and Fellows of the Medical Society of Connecticut, shall be known and acknowledged by the name of THE MEDICAL INSTITUTION OF YALE COLLEGE.

SEC. 2. There shall be established in the Institution not less than four nor more than six Professorships; and the price of the tickets for the course of lectures on each branch, shall not exceed twelve dollars and fifty cents. There shall be a joint committee of an equal number of persons appointed by the President and Fellows of Yale College and the President and Fellows of the Connecticut Medical Society, who shall make a nomination; from which nomination the Professors shall be chosen by the President and Fellows of the College.

SEC. 3. Every medical student shall be required to attend to the study of physic and surgery, for two years with some medical or surgical professor or practitioner, who is in respectable standing; provided he shall have been graduated at some college; otherwise to study three years; to have acquired in addition to a good English education, a competent knowledge of the Latin language and of the principles of Natural Philosophy; to have arrived at the age of twenty-one years; to be of good moral character; and to deliver to the committee of examination a satisfactory dissertation upon some subject in medicine or surgery or the auxiliary branches. And every medical student shall attend one course of the lectures, under the professors of the Medical Institution of Yale College or of some other public medical institution, previously to his being admitted to an examination for a license; and the course or courses of lectures which he shall attend, may be included within the time he is required to study. Provided nevertheless, that upon the recommendation of the Medical Society in each county, one meritorious and necessitous person from such county shall annually be allowed the privilege of attending one course of lectures gratis, and if any one of the counties should fail to recommend as above, the President and Fellows of said Society may fill up the vacancy. It shall be the duty of the clerks of the several county meetings, to report to the President and Fellows, the names of the persons whom they shall agree to recommend; and the Secretary of the Society shall transmit the said names, together with such as the President and Fellows may add, agreeably to the above provision, to the Medical Professors of Yale College.

SEC. 4. Each candidate for the degree of Doctor in Medicine shall be required to attend two courses of lectures, at the Medical Institution of Yale College, or at some other public medical institution where a similar course of public instruction is pursued; which degree upon the recommendation of the committee of examination, shall be conferred by the President of the College, and the diploma signed by him and countersigned by the examining committee, or a majority of them; and the fee for graduation shall be fifteen dollars. The President of the College may also confer the honorary degree of Doctor in Medicine, upon those persons whom the President and Fellows of the Medical Society shall recommend for that purpose.

SEC. 5. The committee of examination for the practice of physic and surgery, shall consist of the Professors of the Medical Institution of the College and an equal number of the members of the Medical Society appointed by the President and Fellows of the same; and the President of the Medical Society shall be *ex officio* president of the examining committee, with a vote at all times, and a casting vote when there is a tie; and in case of the absence of the President, a president *pro tempore* shall be appointed by the members of the examining committee chosen by the Medical Society, with the same powers; which committee or a majority of them shall possess the power and they only of examining for a license; and all licenses to practice physic or surgery shall be signed by the President of the Medical Society and countersigned by the Secretary of the committee of examination; which Secretary they are hereby authorized to appoint; and the fee for each license shall be four dollars, and shall accrue to the Medical Society. All licenses heretofore signed by the Clerk or Secretary of the examining committee, shall be valid and have the same effect, as if they had been signed by the examining committee, any law to the contrary notwithstanding.

SEC. 6. There shall be but one examination in the year, which shall be immediately at the close of the lectures; when a candidate is prevented by sickness from attending at that time, he may afterwards be examined by the medical professors; and such examination, together with their certificate thereof, shall entitle him to the same privileges as though his examination had been by said committee.

SEC. 7. All medical students who shall have attended two courses of the lectures in the Medical Institution shall have the privilege of attending all future courses gratis.

And be it further enacted, That the act entitled "An act to incorporate the Connecticut Medical Society and to establish the Medical Institution of Yale College," and all acts in addition to, and in alteration thereof, be, and the same are hereby repealed; provided that all proceedings had, and all obligations imposed, in pursuance of the acts hereby repealed, shall have the same effect as though said acts were still in force—and all taxes heretofore laid pursuant to said acts, may be collected according to the provisions of said acts, in the same manner as though said acts had not been repealed.

Approved, June 5th, 1834.

B Y - L A W S .

§ I.—COUNTY MEETINGS.

1. The Members of the Society, at any County Meeting legally holden, may, by a major vote of the members present, admit to membership in the Society any person regularly licensed to practice physic and surgery, and practicing in said county, who shall make application for that purpose.

2. They may, by a similar vote, dismiss from the Society any Member who shall remove from this State, or who shall leave the profession for other pursuits.

3. They may also, if they deem it expedient, recommend to the President and Fellows of the Society, for dismission from the same, any Member residing in

their respective Counties, who shall apply for such dismissal by a written request to that effect delivered to the Clerk of the County Meeting, at least ten days before the time of holding any legal County Meeting; and also any Member who shall refuse or neglect to pay taxes; and upon the approval of such recommendation by the President and Fellows in Convention, the connection between such Member and the Society shall be dissolved. *Provided*, that no Member shall be honorably dismissed from the Society until all his taxes shall have been paid.

4. All violation of the By-Laws of the Society, or of the Medical Police adopted by the Society, or of the Rules and Regulations passed by the County Meetings, in conformity with the By-Laws of the Society, may be prosecuted and tried by the Members of the Society, in their respective County Meetings, under the following regulations, viz.:

The Member accusing another of a violation of any of the before-mentioned Regulations, shall make a statement in writing of the transaction which he deems a misdemeanor, and lay the same before a Fellow of the Society; and such Fellow shall issue a notification to the accused, to appear before the next County Meeting, stating the time when, and the place where, it is to be held, to defend, if he see fit, against such accusation. A copy of such accusation and notification shall be left with the accused, or at his last usual place of abode, at least twelve days previous to the time of holding the next County Meeting. And the accuser shall cause the said accusation and notification to be served and returned to the Clerk of the County Meeting, on or before the day of their sitting; and the offender, upon conviction, may be punished by admonition, by suspension from the privileges of the Society for a period not exceeding two years, or by expulsion from the Society. *Provided*, that no sentence of expulsion shall be valid until confirmed by the President and Fellows in Convention.

5. The several County Meetings are authorized to make such regulations as their local circumstances may require: *provided*, that such regulations be not contrary to the laws of the State, or the By-Laws of this Society.

6. When a new clerk is chosen in any of the Counties, his predecessor shall deliver over to him all the records and papers appertaining to the office, retaining copies of the same if he think proper.

The Clerks of the several County Meetings shall take the following oath, viz.:

"You, A. B., being chosen Clerk of the Meeting of the Medical Society for the County of ———, do swear that you will record all votes of said meeting, and give true copies of the same, when thereto requested, *so help you God.*"

7. The Clerks shall transmit the names and places of residence of the Fellows, and of the person recommended for a gratuitous course of lectures, to the Secretary, immediately after the election in April, that the same may be published at least a week before the Convention. They shall also forward to the Secretary, and a duplicate copy to the Treasurer, on or before the first day of the Convention, the names of the members in their respective Counties, and their places of residence; and those who fail in the performance of this duty, shall be subject to a fine of five dollars, to be collected by the Treasurer.

§ II.—MEMBERS.

8. Each Member of the Society shall have free access to the records of the Society, and of the County Meeting to which he belongs: and may take attested copies thereof if he request them.

9. All Members of this Society are invited to be present at the meetings of the President and Fellows, and to partake of the dinner on the first day of the session.

10. No member of this Society shall be called on for a tax that shall have been laid after he has arrived at the age of sixty years.

11. If any member of the Society shall make, vend, or publicly recommend any nostrum or patent medicine, and be thereof convicted, he shall be suspended from the privileges of the Society, or expelled.

12. No Member of the Society shall hold professional consultation or intercourse with any other than licensed Physicians and Surgeons, in regular standing.

13. It shall be the duty of each Member of this Society to accuse any other Member of the Society, for such misdemeanors as he deems contrary either to the By-Laws, Medical Police, or Rules and Regulations adopted by the Society. And the accuser shall make a statement in writing, of the transactions which he deems a misdemeanor, and lay the same before a Fellow of the Society; and such Fellow shall issue a notice to the accused, to appear before the President and Fellows at their next Convention, stating the time and place of their sitting, to defend, if he see cause, against said accusation. A copy of said accusation and notification shall be left with the accused, or at his last usual place of abode, at least twelve days previous to the next Convention of the President and Fellows. And the accuser shall cause the said accusation and notification to be served and returned to the President and Fellows on the first day of their sitting.

§ III.—OFFICERS, FELLOWS, &C.

14. The President and Fellows shall each receive two dollars for his attendance in the Convention, and twelve and a half cents for each mile's travel from the town of his residence to that of the Convention; mileage to be reckoned as it is to members of our State Legislature. The Dissertator shall be entitled to the same.

15. The Fellows of the Society shall be a Committee of Abatements in their respective Counties.

16. Each person receiving a license to practice from this Society, shall pay the sum of four dollars to the Clerk of the Committee of Examination, who shall account with the Treasurer for the same.

17. The Secretary shall be required to take the following oath, viz.:

"You, A. B., being chosen Secretary of the Connecticut Medical Society, do swear that you will record all votes of the President and Fellows, and give true copies when thereto requested, and faithfully perform all the duties relating to said office, *so help you God.*"

It shall be the duty of the Secretary to record all the transactions of the President and Fellows of the Connecticut Medical Society in their Conventions, give true copies of the same when thereto requested, conduct their correspondence, and have the custody of the seal of the Society.

The Secretary is also instructed to send, each year, an extra copy of the Proceedings of the Convention to each of the Clerks, for the use of the County Meetings.

He is also requested to put up, each year, in at least three public houses in the town in which the Convention meets, a written notice of the place of meeting, at least one day before the sitting of the Convention.

18. It shall be the duty of the Treasurer to keep the moneys of the Society, subject to their orders, and to render annually to the President and Fellows an account of all moneys received and paid by him. He is also directed to make out a general debenture bill, taking for his guide the mileage allowed by the Legislature of the State.

He shall be allowed ten dollars for his services, on his account being accepted, at the end of each year.

No debenture bill shall be paid by the Treasurer, that is more than seventeen years old.

19. The President of the Society and the Clerk of the Committee of Examination are authorized to grant a new License, free of expense, to any person who has been previously licensed, according to the laws of this State, upon satisfactory proof being exhibited to them that such previous license has been lost.

20. The Committee of Examination, the Committee to nominate Professors in the Medical Institution, and the Committee to nominate the Physician to the Retreat for the Insane, shall be chosen by ballot. All other Committees shall be appointed by the Presiding Officer of the Convention.

21. The Standing Committees of the Society are requested annually to report to the President and Fellows, whenever they shall have occasion to act in their official capacity.

22. That it shall hereafter be the duty of the President of this Society to deliver an Address to the Convention annually.

23. Each County Meeting shall have the power to examine the case and immediately expel any member notoriously in the practice of Homeopathy, Hydropathy, or any other form of quackery, without any formal trial, the same to be ratified by the succeeding Convention, any By-Law to the contrary notwithstanding.

RESOLUTIONS NOW IN FORCE.

Resolved, That whenever the President shall see fit to call a special session of the Convention, besides advertising as now provided, he shall also send a notice to each member, of the time and place of meeting, which notice shall be mailed at least one week previous to the meeting of such Convention. *Passed, May, 1846.*

Resolved, That before any person can be admitted into the office of a Physician, as a Student of Medicine, he shall furnish evidence of good moral character, and shall be examined by the preceptor and one of the Fellows of this Society: the examination to be upon the subjects of English education, and Greek and Latin languages. If found qualified, he is to receive a certificate to that effect, and be enrolled as a regular student of medicine. *Passed, May, 1847.*

Resolved, That but two persons be elected on each of the Standing Committees each year; the first two on the list to be dropped, and the two chosen to be placed at the bottom; but any person may be reelected. *Passed, May, 1847.*

Resolved, That it is the opinion of the Convention that clergymen should be charged the same fees as other citizens, and that it shall not be considered dishonorable to collect the same.

Resolved, That it shall be the duty of the Clerks of the several counties, to report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases, of the members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies, and that the Secretary be directed to append these statistics to the catalogue of members of the Society in the published proceedings of the Annual Convention. *Passed, May, 1849.*

Resolved, That the clerks be required to comply with the By-Law, which makes it their duty to report delinquents to the Convention, and the amount due from each respectively, stating in such report also what notice he has given such delinquent of his indebtedness to the Society, and that the same be read in open Convention. *Passed, May, 1852.*

Resolved, That the following certificate of studies be required of all Candidates for examination—for a degree.

I hereby certify that _____ has pursued
the Study of Medicine with me for _____ to
and that he recited regularly on [here insert the branches
pursued] during the above mentioned time.

Physician.

Passed, May, 1852.

Resolved, That the several County Meetings are hereby instructed to continue their investigations in relation to the manufacture, sale, recommendation and use of nostrums or Patent Medicines by their members, and to present for trial any member so offending.

Resolved, That no member of the Society, who is directly or indirectly interested in the manufacture, use or recommendation, or a sale of any nostrum or Patent Medicine, shall be eligible to any office. *Passed, May, 1853.*

Resolved, That the County Meetings be instructed in the recommendation of Students for Gratuitous Courses of Lecture in the Medical Institution of Yale College, to select as far as possible only those who have attended and paid for one course in that Institution, or who give satisfactory pledges that they will attend and pay for their second course there. *Passed, May, 1854.*

SYSTEM OF MEDICAL POLICE.

Adopted by the Society in October, 1817.

CONSULTATIONS.

Consultations should be encouraged in difficult and protracted cases, as they give rise to confidence, energy, and more enlarged views in practice. On such occasions, no rivalry or jealousy should be indulged; candor, justice, and all due respect should be exercised toward the physician who first attended; and as he may be presumed to be best acquainted with the patient and family, he should deliver all the medical directions as agreed upon. It should be the province, however, of the senior consulting physician to propose the necessary questions to the sick.

The consulting physician is never to visit without the attending one, unless by the desire of the latter, or when, as in sudden emergency, he is not to be found. No discussion of the case should take place before the patient or his friends; and no prognostications should be delivered, which were not the result of previous deliberation and concurrence. Theoretical debates, indeed, should generally be avoided in consultation, as occasioning perplexity and loss of time; for there may be much diversity of opinion on speculative points, with perfect agreement on those modes of practice, which are founded not on hypothesis, but on experience and observation. Physicians in consultation, whatever may be their private resentments or opinions of one another, should divest themselves of all partialities, and think of nothing but what will most effectually contribute to the relief of those under their care.

If a physician can not lay his hand to his heart and say, that his mind is perfectly open to conviction, from whatever quarter it may come, he should in honor decline the consultation.

All discussions and debates in consultation, are to be held secret and confidential.

Many advantages may arise from two consulting together, who are men of candor, and have mutual confidence in each other's honor. A remedy may occur to one, which did not to another, and a physician may want resolution or a confidence in his own opinion, to prescribe a powerful, but precarious remedy, on which, however, the life of his patient may depend; in this case, a concurrent opinion may fix his own. But when such mutual confidence is wanting, a consultation had better be declined, especially if there is reason to believe that sentiments delivered with openness are to be communicated abroad, or to the family concerned; and if, in consequence of this, either gentleman is to be made responsible for the event.

The utmost punctuality should be observed in consultation visits; and to avoid loss of time, it will be expedient for the physician in every town or county, to establish a certain space of time, as an allowance for delay, after which the meeting might be considered as postponed for a new appointment. If a consulting physician should arrive after the attending physician has withdrawn, he should deliver his opinion in writing.

INTERFERENCES.

Medicine is a liberal profession ; the practitioners are, or ought to be, men of education ; and their expectation of business and employment should be founded on their degrees of qualification, not on artifice and insinuation. A certain undefinable species of assiduities and attentions, therefore, to families usually employing another, is to be considered as beneath the dignity of a regular practitioner, and as making a mere trade of a learned profession ; and all officious interferences, in cases of sickness in such families, evince a meanness of disposition, unbecoming the character of a physician or a gentleman. No meddling inquiries should be made concerning them, nor hints given relative to their nature and treatment, nor any selfish conduct pursued, that may directly or indirectly tend to weaken confidence in the physicians and surgeons who have the care of them.

When a physician is called to a patient, who has been under the care of another gentleman of the faculty, before any examination of the case, he should ascertain, whether that gentleman had discontinued his visits, and whether the patient considers himself as under his care, in which case, he is not to assume the charge of the patient, nor give his advice, (except in instances of sudden attacks,) without a regular consultation ; and if such previously attending gentleman has been dismissed, or has voluntarily relinquished the patient, his practice should be treated with candor, and justified so far as probity and truth will permit ; for the want of success in the primary treatment of the disorder, is no impeachment of professional skill and knowledge.

It frequently happens that a physician, in incidental communications with the patients of others, or with their friends, may have their cases stated to him in so direct a manner, as not to admit of his declining to pay attention to them. Under such circumstances, his observations should be delivered with the most delicate propriety and reserve. He should not interfere in the curative plans pursued ; and should even recommend a steady adherence to them, if they appear to merit approbation.

DIFFERENCES OF PHYSICIANS.

The differences of physicians, when they end in appeals to the public, generally hurt the contending parties ; but what is of more consequence, they discredit the profession, and expose the faculty itself to contempt and ridicule. Whenever such differences occur, as may affect the honor and dignity of the profession, and can not immediately be terminated, or do not come under the character of violation of the special rules of the association, otherwise provided for, they should be referred to the arbitration of a sufficient number of members of the Society, according to the nature of the dispute ; but neither the subject matter of such references, nor the adjudication, should, if it can be avoided, be communicated to the public, as they may be personally injurious to the individual concerned, and can hardly fail to hurt the general credit of the faculty.

DISCOURAGEMENT OF QUACKERY.

The use of quack medicines should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive even of life. No physician or surgeon, therefore, shall dispense a secret nostrum, whether it be his

invention, or exclusive property; for if it is of real efficacy the concealment of it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

CONDUCT FOR THE SUPPORT OF THE MEDICAL CHARACTER.

The *esprit du corps* is a principle of action founded on human nature, and, when duly regulated, is both rational and laudable. Every man who enters into a fraternity, engages, by tacit compact, not only to submit to the laws, but to promote the honor and interest of the association, so far as they are consistent with morality and the general good of mankind. A physician, therefore, should cautiously guard against whatever may injure the general respectability of the profession, and should avoid all contumelious representations of the faculty at large, all general charges against their selfishness or improbity, or the indulgence of an affected or jocular skepticism concerning the efficacy and utility of the healing art.

FEEs.

General rules are adopted by the faculty in every town or county, relative to the pecuniary acknowledgments of their patients; and it should be deemed a point of honor to adhere to them; and every deviation from, or evasion of these rules, should be considered as meriting the indignation and contempt of the fraternity.

Gratuitous services to the poor are by no means prohibited; the characteristic beneficence of the profession is inconsistent with sordid views and avaricious rapacity. The poor of every description should be the objects of our peculiar care. Dr. Boerhave used to say they were his best patients, because God was their paymaster.

It is obvious, also, that an average fee, as suited to the general rank of patients, must be an inadequate compensation from the rich, (who often require attendance not absolutely necessary,) and yet too large to be expected from that class of citizens, who would feel a reluctance in calling for assistance, without making some decent and satisfactory remuneration.

SENIORITY.

A regular and academical education furnishes the only presumptive evidence of professional ability, and is so honorable and beneficial, that it gives a just claim to preëminence among physicians at large, in proportion to the degree in which it may be enjoyed and improved. Nevertheless, as industry and talents may furnish exceptions to this general rule, and this method may be liable to difficulties in the application, seniority, among practitioners of this State, should be determined by the period of public and acknowledged practice as a physician or surgeon in the same. This arrangement being clear and obvious, is adapted to remove all grounds of dispute; and it secures the regular continuance of the established order of precedency, which might otherwise be subject to troublesome interruptions by new settlers, perhaps not long stationary in the place.

CODE OF MEDICAL ETHICS

OF THE AMERICAN MEDICAL ASSOCIATION—ADOPTED 1847.

CHAPTER I.—Of the duties of physicians to their patients, and of the obligations of patients to their physicians.

ART. I.—Of the duties of physicians to their patients.

ART. II.—Of the obligations of patients to their physicians.

CHAPTER II.—Of the duties of physicians to each other, and to the profession at large.

ART. I.—Of the duties of physicians for the support of professional character.

ART. II.—Of the duties of physicians in regard to professional services to each other.

ART. III.—Of the duties of physicians in regard to vicarious offices.

ART. IV.—Of the duties of physicians in consultation.

ART. V.—Of the duties of physicians in cases of interference with one another.

ART. VI.—Of the duties of physicians when differences occur between them.

ART. VII.—Of the duties of physicians in regard to pecuniary acknowledgments.

CHAPTER III.—Of the duties of the profession to the public, and of the obligations of the public to the profession.

ART. I.—Of the duties of the profession to the public.

ART. II.—Of the obligations of the public to physicians.

CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience, to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention and fidelity. They should study,

also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy, by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger, when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned, in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even

remonstrances, will give satisfaction; not offense, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom are enjoined the performance of so many important and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their

fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him,—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

CHAPTER II.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should therefore observe strictly, such laws as are instituted for the

government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he can not command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.

§ 3. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints or suffer such publications to be made;—to invite laymen to be present at operations,—to boast of cures and remedies,—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice, on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be

offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he can not be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised toward the physician having charge of the case.

§ 3. In consultations the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment, as any subsequent unexpected change in the character of the case may demand. But such variation and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him, at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants,—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians can not agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire, and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases,

should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance: the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out, which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—Duties of physicians in cases of interference.

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made; no disingenuous hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed, when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances, and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present, any additional assistance that he may deem necessary. In all such cases, however,

the practitioner who officiates, should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, to surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with, which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and can not be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

As peculiar reserve must be maintained by physicians toward the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which can not be understood or appreciated by general society, neither the subject matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

ART. VII.—*Of pecuniary acknowledgments.*

§ 1. Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations,—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions,—in relation to the medical police of towns, as drainage, ventilation, &c.,—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

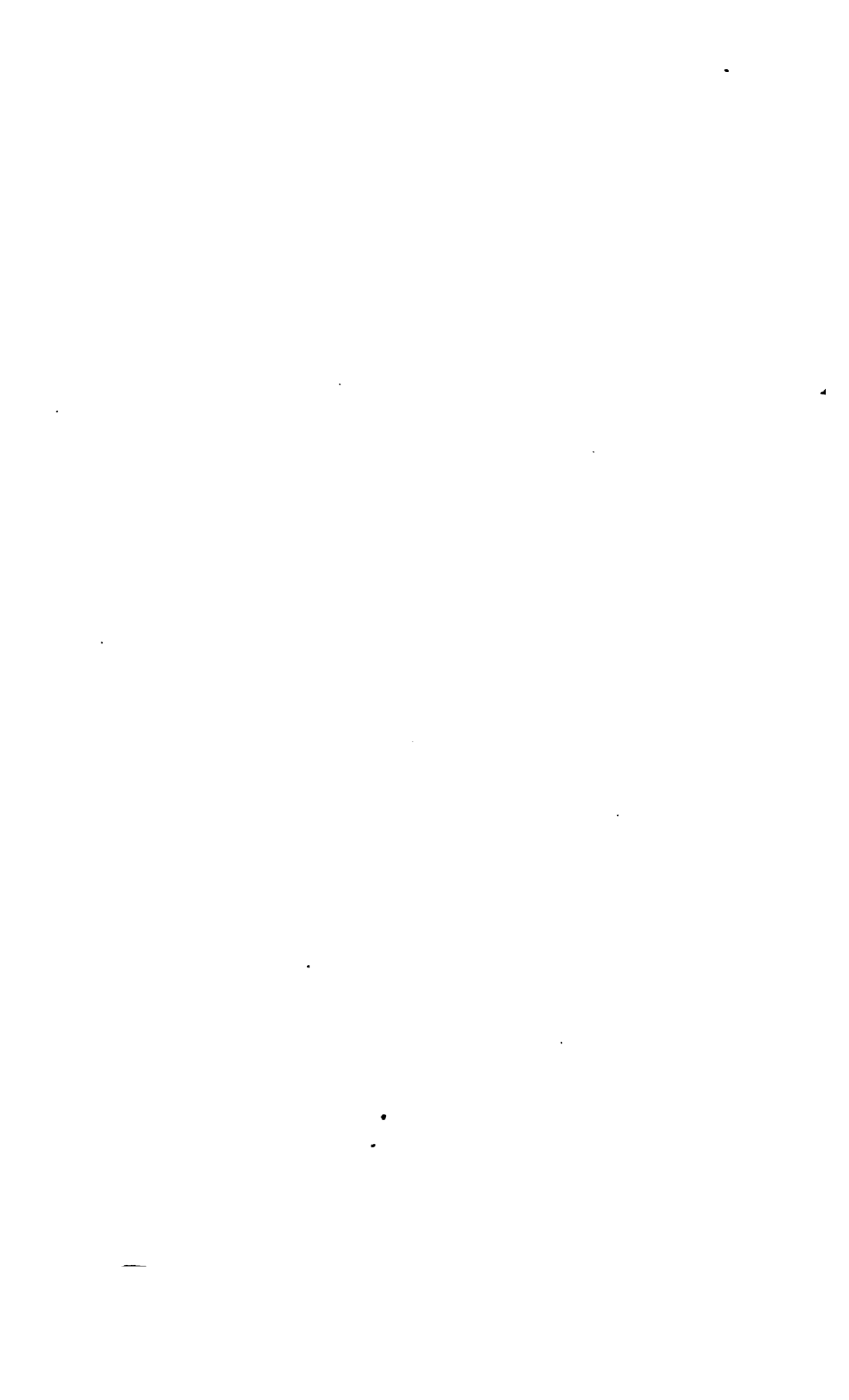
§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical,—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed, than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumptions of ignorance and empiricism,—to afford every encouragement and facility for the acquisition of medical education,—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.



Biographical Sketch of Archibald Welch, M. D.

BY A. W. BARROWS, M. D.

[Read before the "Hartford Medical Society," and published in the Boston Medical and Surgical Journal by request of the members.]

DR. ARCHIBALD WELCH was the youngest son of the late Rev. Moses Cook Welch, D. D., and was born in Mansfield, Windham county, Ct., March 13, 1794. He was educated under the watchful eye of his father. During his younger years he attended the common district school; but he was instructed in the languages and higher English branches, by his father himself.

In the autumn of 1813, he entered the office of the late Joseph Palmer, M. D., of Ashford, in this State, a physician and surgeon of considerable celebrity, and enjoying an extensive practice in his own and neighboring parishes. He remained with Dr. Palmer as a student of medicine during the next three years, except the time spent in attending two courses of lectures at the Medical Institution of Yale College. Receiving a license, he commenced the practice of medicine in his native town at the early age of twenty-two years. And notwithstanding the usual prejudice against employing a young man in such responsible duties as devolve on a physician, he soon received the patronage and confidence of the community to a liberal extent.

In December, 1832, he accepted an invitation from the late S. B. Woodward, M. D., then of Wethersfield, Conn., to occupy the place he was about to leave; and in the same season Dr. Welch removed to that town. His reputation as a well-educated and successful physician, his gentlemanly demeanor and pleasing address, at once introduced him into the best families of the place, and won for him the esteem and confidence of the people in his new field.

In 1836, by the recommendation of the Fellows of the Connecticut Medical Society, he received the honorary degree of M. D. from Yale College.

After sixteen years' residence in Wethersfield, he became convinced, as he has himself stated, "that he could no longer endure the hardships of the practice of medicine in the country." He therefore decided, though with great reluctance, that it was his duty to exchange that post for one which would not make such drafts upon his strength. Before leaving, he was strongly solicited by his numerous friends to abandon his purpose and continue with them. A communication was received by him, signed by more than fifty families of the place, urging him to remain.

His reason for selecting Hartford as the place of his future practice, I will state in his own words. "I did not prefer Hartford because I considered it deficient in number or ability of medical men. But being somewhat intimately acquainted with them and their social and honorable qualities, I was desirous to avail myself of the benefit and pleasure of their society." He therefore removed to Hartford in December, 1848. Of his success in his profession, his standing in the estimation of his medical brethren, and his appreciation by the public in this vicinity, it is not necessary for me to speak at length. With his professional career, you, gentlemen, are all familiar. I will, therefore, only say that when Dr. Welch came to our city he was preceded by a well-grounded reputation, which continually increased with his acquaintance with our citizens. For many years he had enjoyed the high esteem and respect of the members of the profession, and his fidelity and skill were rewarded by the confidence and liberal patronage of the community.

In practice, he did not study to distinguish himself in any particular branch more than another, whether of medicine or of surgery, but ever held himself ready for whatever he might be called to treat. Dr. Welch was a close observer. He studied the character of disease at the bedside. In prescribing for the sick, he was deliberate and careful, ordinarily using mild means, and trusting much to the powers of nature for the removal of disease; yet he was prompt in adopting active measures in those cases where they were required. He was exact as to doses, and particular and definite in his directions. His intercourse with the sick was distinguished by kindly interest, gentleness of manner, and unusual self-possession. He was familiar but chaste in his language, listening with patient attention to the history of their complaints. In investigating disease he was thorough, at the same time treating his patients with great delicacy and kindness. In his examination of patients, he made them feel that he gave himself up wholly for the time to them.

His relations with the members of the profession were almost without exception the most pleasant and happy. He had their confidence, and was often called by them in consultation. His treatment of them was marked by fairness and a high sense of honor. Dr. Welch loved the society of his medical brethren, and his social intercourse with them was characterized by fraternal sympathy and regard. He was strongly attached to his old associates, men of his own age, with whom he had borne the common responsibilities and cares of medical practice. He also felt a peculiar interest in the young men of the profession. His manner with them was very friendly and companionable, and he took pleasure in imparting to them the fruits of his experience. In this way he won the warm regard of the young physicians with whom he came in contact. Few men were more generally acquainted with the physicians of our State, or had more personal friends among them.

Dr. W. placed a high estimate upon the benefits accruing to the profession, from medical societies and associations, and sought by all means in his power to contribute to their support and efficiency. He took a deep interest in the welfare of the State Medical Society, and made his arrangements to attend its annual conventions, allowing no ordinary business to deter him from being present on these occasions.

He was very hospitable, and enjoyed the company of his friends at his own fireside, and around his own table. Very many of these will always remember the cheerful welcome they received at his door, and the gratification they imparted as well as enjoyed at his house.

His disposition was naturally quick ; but by self-culture had been subdued to almost unvarying evenness and sweetness. He had an earnest belief in whatever opinion he held, and in general quite as earnest conviction of the erroneous character of opposite views. It is not surprising, therefore, that such a mind should make less account than is sometimes necessary, of the force of constitutional or educational bias in the formation of intellectual views. It was his disposition to judge of the correctness of a proposition by its moral bearings. Hence questions of propriety, or policy, or expediency, had to pass a double scrutiny before they were approved by him. It is not strange, therefore, that he should pronounce severe judgments upon those who seemed to disregard the *moral* bearings of a question, in accepting the cold deductions of logic.

The principles of Christianity lay deep in the ground-work of his

character, and found expression in his daily life and habits. They were recognized in his business transactions no less than in his family government.

Dr. Welch, as has been already intimated, had not a very robust constitution. He had several severe attacks of disease, and was on two or three occasions greatly prostrated with fever. During the earlier periods of his life he suffered much from dyspepsia, but as he advanced in years he in a great measure surmounted this difficulty, and his health in all respects was improved. It is believed that at no period of his life did he enjoy such uninterrupted health as during his last years, or that he was ever able to perform more labor than at this period. At the time of his death his form was erect, his step elastic, all his faculties were vigorous, and very few persons of his years had a fairer prospect of prolonged life. Dr. Welch died May 6th, 1853, in the sixtieth year of his age. You are all familiar with the circumstances attending his death. He spent the last days of his life in attending the American Medical Association in New York city.

Biographical Sketch of Dr. Richard Warner.

RICHARD WARNER, M. D., was born in Hadlyme, Conn., October 19th, 1794. He was prepared for college under the instruction of the Rev. Mr. Vaile, of his native place; entered Yale College in 1813; and graduated, with a good reputation for scholarship, in 1817. Among his classmates and intimate friends, were Nathan R. Smith, M. D., late of Baltimore; Chief-Justice Joel Jones, of Philadelphia; Bishop Delancy of Western New York; Hon. Charles J. McCurdy, of this State, &c. After leaving college, Mr. Warner taught school for about two years, studying medicine meantime with his brother, Dr. Andrew F. Warner, of Haddam. In 1821, he received his degree of M. D., at Yale Medical College, and engaged in practice in his native place and the adjoining town of Chester, but in May, 1823, settled in East Haddam, where he remained until the commencement of the year 1831, when he removed to Cromwell, and practiced there until his death, September 29th, 1853. On the

death of his brother in Haddam in 1825, he received an invitation, signed by over one hundred citizens of that place, to remove there; and in 1829, another from Lyme, also very numerously signed, but declined both.

In Dr. Warner's younger days, he was very full of life and spirits, not a hard student, learning more from observation than close application to books,—but his perception being acute and his memory retentive, he learned well what he knew. In the classics, he was a fair scholar, but the natural sciences, botany, geology, mineralogy, and conchology, were his favorite pursuits, and he devoted much attention to them. He had rather a speculative turn of mind, and every new theory received more or less of his attention. He was an independent thinker, and fearlessly acted out his convictions. He rather wanted the worldly policy, which so materially favors success and leads to popularity. He was a great friend to all the moral reforms of the day, and took an active part in favoring them. A good citizen, and guided by an enlightened public spirit, he gave his time and efforts to the advancement of the place in which he lived. As a physician, Dr. Warner practiced successfully and acceptably. His remedies were generally potent and efficient; as he had no very great confidence in the unaided *vis medicatrix nature*. Quacks and quackery he abhorred with a perfect and honest abhorrence, and never stooped to any of the empirical arts and practices by which our profession is too often disgraced. Like many others of his class, Dr. W. gave much of his time and attention to the poor.

Dr. Warner was an honest, upright man, and a sincere Christian. Living he professed the faith openly, and dying it was his support and consolation.

In conclusion, Dr. Warner was a man of strong character, and on that very account had warm friends and bitter enemies. His disease was a chronic inflammation of the intestinal canal; about which however no apprehensions seemed to have been entertained, until the last moment. The doctor, though feeling unwell, had attended to his business until 6 P. M. of the 28th—suffered much in the night, with pain and vomiting. The writer saw him the next noon, in consultation with his nephew, Dr. Gilbert, of Portland, and found him rapidly failing, with cold extremities and almost imperceptible pulse. He died about 1 P. M., and the autopsy revealed extensive disease of the mucous membrane of the duodenum and small intestines, with softening and perforation.

Dr. Warner repeatedly filled offices of trust and honor in the town where he lived, and in the medical societies to which he belonged; was often Fellow of the Middlesex County Society—at one time its President; a Dissertator at one of the annual State Medical Conventions, and at the time of his death, President of the State Medical Society.

W. B. C.

AN ESSAY

ON

SOME DISEASES OF THE CERVIX UTERI.

Mr. President and Gentlemen of the Medical Society :—

Among the primary and main objects of such medical associations as ours, are doubtless the collection of well-ascertained facts, and the accumulation of the individual experience of their members. It is in this way that Medical Science can be most certainly advanced, and the influence of our profession most sensibly perceived, as well as its usefulness most widely extended. The appointment of Dissertators and Essayists, while it adds to the interest of our Conventions, is but one method of carrying out their objects. The opinions and observations of one and another on various subjects are thus drawn out and made available to the rest, and the Society, while it reaps the benefit of the practice, assumes no responsibility for what it elicits. Keeping these ideas in view, I have selected as my theme some of the more common diseases of the Uterus, being convinced that there are none in the whole range of practice more important, and until recently, more overlooked, and perhaps even mistreated.

That I shall throw any new light upon the subject, I have not the presumption to suppose ; but it is sometimes quite as useful to bring afresh before the mind, well-established and important facts, as to originate new theories, however brilliant and fanciful. If then, what I have to say shall induce any of my brethren to pay closer attention to the large and interesting class of uterine maladies—to examine them more critically, and study them more carefully—the half-hour that you will expend in listening to my remarks will not have been unprofitably employed. Without further exordium, and no other apology for reiterating what many of those before me know much better than myself, I enter at once upon the consideration of

my subject—which, it may be well, however, to premise, I design to treat, if not in a desultory, at least in no strictly methodical manner.

The diseases of the organ which plays so essential a part in the female economy, are, up to the age of puberty, extremely rare, and therefore little worthy, at this time, of an extended notice. That the Uterus sometimes becomes diseased before the eruption of the menses, can not be doubted, but it is no part of my design to say anything upon this point. It is to the organ during its active existence, so to speak, that I wish more particularly to direct your attention.

We have reached, then, that interesting period when a change passes upon the female system—when the young girl becomes conscious of new functions, and of unaccustomed sensations—when her physical, moral and intellectual development acquires increased vigor and activity—when, in short, she ceases to be a child, and begins to be a woman. It is at this period, that there is frequently laid the foundation of diseases, which cling to the unfortunate patient through life, make that life miserable, and finally, perhaps mercifully shorten its duration. It is at this period that congestions of the organ not seldom occur, and which, according to the treatment received, may occasion but brief and trivial inconvenience, or may eventuate in protracted and almost hopeless suffering. If this be so, it is certainly of the highest importance that the existence of these diseases should be early and correctly ascertained, and the proper treatment judiciously and without loss of time, put in requisition.

How then are we to know when there is danger of a serious affection? When the young patient suffers severely at her menstrual periods; when she has violent pains in the lower part of the back and abdomen, extending along the groins and shooting down the inside of the thighs; when she has nausea and vomiting, attended also by head-ache, shivering, and other signs of constitutional disturbance; when there is a sensation of weight, and of burning low down in the pelvis; with a scanty menstrual appearance, which is followed perhaps by a leucorrhœal discharge, we may be sure that the uterus is the seat of a congestion or engorgement which should not be neglected.

Were I writing a systematic treatise upon Female Diseases, I should perhaps adopt a regular and rigorous classification; should arrange each affection under the heads of Causes, Diagnosis, Symptoms, Prognosis, and Treatment, and should perhaps in that way avoid some repetition. Fancying however that a little discursiveness

will not be out of place even upon such an occasion as the present, I have preferred to deviate somewhat from the beaten track, and to sacrifice system to the desire of avoiding tediousness. Nevertheless, it might be well to set forth with some minuteness the causes of these complaints in young females, could they always be clearly ascertained. In some cases, doubtless, congestion of the uterus in girls, arises from exposure to wet and cold; from inadequate clothing, and particularly thin shoes; from dancing, walking, or inordinate exercise during a catamenial period; and sometimes, I am sorry to add, from improper and injurious habits or practices; but in many cases it is impossible to trace the difficulty to any of the foregoing causes—all we can learn is, that such a disease exists and calls urgently for relief: how that relief is to be afforded, I shall consider further on.

But if the disease mentioned is not unfrequently met with in young and unmarried females, it is infinitely more common among the married. In fact it is rare to find a woman who has borne two or three children, entirely free from some uterine complaint. This may seem a sweeping assertion, but I am sure that the experience of many of my brethren in this Society will bear me out in the remark. Many a woman suffers from some form of uterine disease, who yet does not ask professional advice therefor. In very many instances, the inconvenience is so slight, and the symptoms so moderate, that she thinks it hardly worth while to complain of it, much less to apply for treatment; and often, even when she does seek advice, it is only by dint of persevering and close cross-questioning, that the existence of any deviation from uterine health can be discovered by the physician. The patient may possibly acknowledge "a weakness," but nothing more. The natural and becoming modesty of the sex, too, frequently interposes an impassable barrier to the inquirer. It may be objected, that when a disease is apparently so trivial, it should hardly, in fairness, be termed a disease; but disease of a serious character frequently exists when its presence is entirely unsuspected, owing to the absence of any alarming symptoms; and moreover, I am inclined to believe that as a perfectly healthy person is said not to be conscious that he has any stomach, so a woman who is quite free from disorder of the uterus, should not know that she has such an organ, except when in the menstrual or its impregnated state, the knowledge is forced upon her. At all events, there can be no doubt that diseased conditions of the womb are exceedingly prevalent among females, especially married females, in every rank and condition of society. Of these,

the affections most commonly met with are congestions of the uterus, and granulations and ulcerations of the cervix, and to these therefore in particular I shall direct your attention.

The learned and experienced Prof. Meigs, of Philadelphia, states in his Report to the American Medical Association, presented at its last meeting, (vol. vi., pp. 386,) that "an ulceration of the womb is among the rarest of diseases;" but that it does occur with sufficient frequency to make it an object of special attention, the observation of others, and the testimony of my own eyes induce me to believe. Writers on the subject of the congestion of the uterus assert, that in young and unmarried persons it is the *body*, while in married women it is the *neck* of the organ which most frequently suffers from disease. My own experience confirms this statement; and indeed the causes of the variation must be obvious, mechanical injury of various kinds, as in coition, parturition, &c., being readily chargeable with the origin of the difficulty in the latter class. Let us then sketch briefly a case of this kind, as it usually presents itself to the notice of the physician.

He is called to visit a patient, whom he finds perhaps sitting in a rocking-chair with a pillow supporting her back; or it may be, she is reclining upon a sofa or lounge, with her feet drawn up, looking somewhat pale and languid. In answer to his inquiries, he learns that the lady has been out of health and growing weak for some time; that she can not make as much exertion as formerly, is more easily fatigued, and experiences considerable pain and soreness "in her bowels," after a walk, or being upon her feet for any length of time; that early in the morning she feels pretty well, but that an hour or two after rising, her back, abdomen, and upper part of her limbs ache, or become painful; that she has a pain in her side (generally the right) under the ribs; is troubled with palpitation of the heart; has a sensation of "weight" in the pelvis; a frequent disposition to urinate, with a burning or smarting pain when she does so; that she is subject to a "weakness," or discharge from the vagina; has a gnawing sensation at the stomach; that in short she feels tired and miserable, without knowing exactly how or why. Pursuing his investigation, he learns that she has had one or two miscarriages, or a severe labor perhaps, some months before, and that she "got up" soon afterward, and sat up a good while, or feeling pretty well, went about the house before the uterus had been reduced to its natural size and condition. If the physician is sufficiently intimate in the family, or perhaps resolute in his effort to make him-

self acquainted with all the symptoms, and pushes his inquiries, he is informed that his patient suffers extremely from marital intercourse, and that she has consequently a decided disinclination thereto. He learns, moreover, that she has too frequent returns, and too profuse a discharge of her monthly hemorrhage—that she hardly gets over one turn, before another begins, and that in the intervals, the white discharge is almost as abundant as the red; that she experiences so much prostration and debility, that she is obliged to wear a “lace” or “supperter,” and thinks “she can’t possibly get along without it.”

If the patient is really aware where her difficulty is, she may be willing to admit that she has some “falling of the womb,” or perhaps a great “weakness,” but she does not dream of, or will not acknowledge anything more. Now, without intending to assert that there is never any such thing as prolapsus, or falling of the womb unattended by, or not originating from congestion of the uterus, I believe such cases to be rare, and look upon prolapsus rather as the result of previous disease (of either the uterus or vagina) than as a primary and original difficulty. That there are cases of displacement, or of version, occurring independently of structural lesion, I do not doubt, but even these are, sooner or later, apt to be complicated with congestion. However, I am anticipating a little upon this point.

I have mentioned above a number of symptoms or rational signs, as belonging to the most common uterine affections, but it will not do to rest satisfied in every case with the evidence which these alone can furnish. In general the diagnosis can not be considered certain without a resort to further and more direct examination, and we can scarcely institute a rational and satisfactory course of treatment, until by means of the finger, and sometimes even the eye, we have become thoroughly informed of the nature and extent of the disease which we propose to treat.

Should, then, there exist any doubts on this subject, and no good reasons for omitting such an exploration, (and we can fancy but few cases where the omission would be even proper,) we proceed to examine the condition of the uterus digitally. I generally prefer to examine such a patient in a standing position, as we are thus enabled more readily to estimate the exact position of the uterus, the degree and kind of displacement, the size and weight of the organ, and its relations with the surrounding parts. Of course a previous familiarity with the “feel” of the womb in a natural and healthy state, is

necessary to the proper appreciation of any departure from these conditions. When the finger is well educated to such explorations, however, it readily detects any deviations from a normal state, and in many cases determines in what this deviation consists. By this means we discover whether there is any enlargement of the organ; any swelling of its neck; any puffy or doughy feeling about the *os tincae*—whether this opening is larger or more patent than usual, or different from its natural shape—whether there is much sensibility about the cervix (this part, when healthy, possessing but little.) In short, we learn as much as possible respecting the actually existing condition of things. Still, gentlemen, we may not have thus learned everything that is possible, or perhaps desirable, and what shall we then do? A few years since, Mr. President, and the touch was the only method in use for the diagnosis of uterine diseases, and many a curable affection of the cervix was doubtless overlooked, and allowed to go on unchecked, until it eventuated in hopeless and incurable lesion, merely for want of a more perfect and accurate means of ascertaining, not less than thorough and efficient method of treating this extensive and troublesome class of affections. But medicine, in common with the other arts and sciences, has been making progress. At the present day, therefore, few would venture to undertake the treatment of a severe case of uterine disease, or even a moderately severe case in a married woman, without first making a complete and satisfactory examination with the eye as well as the finger. ¶Yes, gentlemen of the Medical Society, notwithstanding the speculum, or metroscope, as it has been recently and somewhat fancifully termed, has encountered so much opposition and opprobrium, it is to that simple instrument that we are indebted for such improvements as have, within a few years past, been added to the diagnosis and treatment of uterine diseases.

And, considering the reasonableness, and even the necessity of this mode of exploration, it is really surprising that its use has not long since become more general. For what can be more natural or more proper, than the wish to see a disease which we are called upon to treat, provided that such vision is possible? Objections are sometimes made to the use of the speculum on the score of indelicacy, and pathetic remonstrances against the employment of the uterine tube are uttered, on the score of the violation of female modesty. I admit that it is a hard necessity which compels a woman to submit to the requisite examination; but really, gentlemen, I can not find in this fact any sufficient reason for altogether refusing to resort to instru-

mental means, when the requisite information can not be obtained in any other way; and moreover, it appears to me that there is scarcely more indelicacy in introducing into the vagina a smooth, nerveless tube, (the patient's person being carefully protected from exposure the while,) than in exploring this sensitive canal with the finger, be the operation performed never so gently. And there can be but little violation of modesty in bringing into view the neck of an uterus affected with disease, any more than in exposing to sight a fissured nipple—an inflamed mamma—a tumor in the groin—or a disease in other parts of the body usually covered. It is unfortunate that these parts and organs should become affected; but when they are suffering under the attack of a disease which is or may be dangerous to comfort if not to health, we should hardly allow any merely squeamish or fastidious scruples to interfere with our duties, as physicians, to such patients. Public opinion, which is often the measure of propriety, has undergone a great change upon this subject within a few years. Some seventeen or eighteen years ago, when I was an assistant physician at the Bellevue Hospital, New York, there were constantly in the wards attached to that institution, large numbers of that unfortunate class of females, who furnish with inmates the houses of ill fame in that city. Many of these miserable creatures, when suffering under syphilitic affections, were accustomed, of their own accord, to go before the police magistrates and procure their own committal to the penitentiary as vagrants, for the sole purpose of obtaining that medical treatment which they could not avail themselves of at their own abodes. In all these cases, the speculum was used as a matter of course, and none of the physicians connected with that institution pretended to treat a woman for any venereal or uterine affection, without subjecting her, as often as was deemed necessary, to an examination with the speculum. It was in that way and at that time I first became acquainted with the value of this instrument in the diagnosis and treatment of uterine complaints; and from that time I have continued to employ it where practicable and requisite, extending its application beyond the limits of the specific cases mentioned; and I frankly confess, that I should be much at a loss, and even unwilling to undertake the medication of many of the ordinary "Female Diseases," without having recourse to the speculum, and availing myself of the light which it alone is able to throw upon these otherwise obscure and almost always tedious and troublesome affections.

I do not wish to be understood as recommending the invariable

and indiscriminate employment of the speculum in *all* cases of uterine disease. In the young and unmarried female I would refrain from its use whenever a sufficiently satisfactory diagnosis could be made out without it; or when the patient did not seem to be in actual danger, or suffering acutely, and when the prospect of relief from such treatment as could be instituted without its assistance, was in any degree encouraging. And I trust that I would pay as much regard to the natural and becoming scruples of a young and modest female, as any of my brethren. Still, when all other and usual means had failed, and the patient was growing worse, or even not improving, it would be an omission of duty, to say the least of it, not to avail ourselves of the light afforded by the speculum, and its valuable assistance in the treatment of certain diseases.

In this connection, permit me again to refer you to the report of Professor Meigs, before quoted. In treating of the objections urged against the use of the speculum, and in reference to the alleged abuse of the instrument, and the practice of "metroscopic exploration," he thus remarks: "We must not repudiate, and by wholesale reprobation condemn and annul a good method of cure, merely because incompetent or wicked persons may abuse it to their own gain. To do so, would be to amerce and punish the sick and miserable for faults of our brotherhood."

And again, "Even if it be true that some abuses, disgraceful to medicine, do exist, we are persuaded that such discreditable examples must be very rare among a class so generally acknowledged for wisdom, virtue and politeness, as the great body of the United States physicians. Wherefore, the committee do not feel themselves called upon to discountenance and reprobate the prudent and necessary employment of the modern methods and instruments, invented to improve the means both of diagnosis and surgical treatment of diseases of the cervix uteri; conceiving that this is a matter to be left to the conscience and judgment of their brethren, whenever the occasion may arise."

It may perhaps be thought that I have devoted too much time and attention to the subject of the speculum, and the objections urged against it; but there are those in our ranks who try to create an unreasonable prejudice against the use of the instrument, not only in the mind of the profession, but in that of the public also—who stigmatize the practice of ocular inspection as "degrading" and absurd; and who would perhaps characterize almost every proposition for an instrumental examination, as an "offensive professional intru-

sion." In this matter, as in almost everything, the mean or middle course is right; and while on the one hand we should avoid, when possible, any undue or unnecessary instrumental assistance, we should, on the other, beware of incurring the charge of neglect in consequence of an over-nice or over-strained delicacy. Thus much by way of parenthesis.

To resume my description of the hypothetical case upon which I was engaged. We have examined our patient by the touch; we have found the uterus lower down than natural—its cervix either lying back upon the rectum, or tilted up under the pubic arch, feeling swollen, puffy, and evidently engorged with blood, and giving to the finger a peculiar velvety sensation; the *os tinæ* more dilated than usual and seeming also a little ragged or uneven, and as the finger moves around and touches upon various points, the patient flinches somewhat, and gives perhaps a little start, or even a suppressed cry as if in sudden pain. The whole neck of the organ feels enlarged, and the body, or such portion of it as we can reach, also appears swollen, and heavier than natural. The finger, when withdrawn from the passage, is found to be covered with a viscid, tenacious, yellowish mucus, often mixed with purulent matter, and sometimes bloody. Here are manifestly decided symptoms of disease, and we pursue the investigation. I say nothing about an exploration by the rectum, as I believe it is very seldom necessary, always very disagreeable, and it does not, except in occasional cases, furnish any new or additional information. But the specular examination does; and the patient, therefore, lying on her back, with her hips near the edge of a bed or couch, placed opposite a window; her feet resting on a couple of low chairs or benches; *her whole person covered with a sheet, so arranged as to avoid all exposure*, we anoint the speculum well with oil, and separating the labia with the fingers of the left hand, gently insinuate the instrument, by means of the right, into the vagina, directing its distal extremity toward the neck of the uterus, the exact situation of which we have previously ascertained by the digital examination.

The selection and use of the proper instrument require some knowledge and tact, which every one can readily acquire for himself. Of course, specula of different sizes and kinds will be required in different cases. For the most part, I find the metallic expansible article, known as Charrière's Speculum, and the cylindrical glass tube, plated and coated with a preparation of gum elastic, sufficient for all ordinary purposes. The instruments are also made of ivory,

of German silver, and steel or iron japanned. But to return again from this digression. As the speculum advances, it pushes before it the vaginal walls thrown into folds, some one of which might possibly be mistaken by an inexperienced person for the neck of the uterus—a mistake, however, easily avoided by a little care and attention. When the cervix is at length brought into view, engaged in the extremity of the tube, we gently cleanse it of the mucus and other secretions which cover it, by means of a dossil of soft lint, or something similar, fixed upon a stick or pair of forceps, and then we are enabled to determine the nature, character, and extent of the disease with which this portion is affected. We discern, too, the peculiar shade of color existing at the time, and are often much assisted by this very particular in making up an opinion of the case.

In by far the larger number of cases, usually coming under the physician's observation, the cervix is found swollen and congested, of a deep red color variegated with patches of red points or granulations resembling the surface of a raspberry, and hence termed by French writers *inflammation framboisée*. Sometimes these patches are whitish, and not raised much above the level of the mucous surface, but generally they are red, and a little blood frequently exudes from them when touched by the lint used in cleansing away the secretions of the part. These little patches frequently cover a considerable portion of the cervix, though generally they are confined to one or the other of the lips of the *os tinæ*, which is commonly swollen and gaping; and they doubtless often extend up into the canal of the cervix, thus accounting for the obstinacy of some of these cases when due care is not taken to extend the proper treatment sufficiently. At the same time, the explorer will often notice quite a collection of muco-purulent matter about the upper end of his tube, and not seldom will see something similar, or instead, a glairy, tenacious slime issuing from the opening of the *os*. I should not omit to mention that the upper portions of the vagina will also be found of a deeper red than usual, and frequently hot and tender.

Such are the appearances usually met with in the more common cases of uterine disease; and such is the group of symptoms and signs which constitute the affections known as uterine congestion and granulation. The difficulty is evidently one of a local character, to be reached by local remedies, and not within the control of general or constitutional treatment. What these local remedies are, I shall now proceed briefly to state.

In the first place, when simple congestion in an acute form, unattended by granulation or ulceration, exists, a few leeches (from four to six) applied upon the cervix, will often be of very great service, in diminishing the congestion and relieving the pain which generally attends this form of disease. The leeches are applied by means of a glass tube or speculum. They generally take hold readily, fill quickly and bleed freely, and the flow, if desirable, may be promoted by injections of warm water. The bites cause little or no pain, and heal readily without leaving any perceptible hardness or cicatrix. Some physicians, instead of leeching, prefer to scarify the cervix with a broad double-edged knife fixed in a long handle. Either plan will answer, and may be used at discretion.

When, however, the case does not come under notice until after the acute stage has passed, and the neck of the uterus has become granulated or ulcerated, local depletion will not so generally be required, but instead, the application of some form of caustic becomes necessary.

There are three species of this article in general use for this purpose, to which the actual cauter, as a fourth, may be added. In the great majority of cases, the solid nitrate of silver will be sufficient. It should be freely applied upon all the cervix, and even pushed up into the canal if the *os tincæ* is patulous and unnatural. Its application is not generally painful nor severe. The operator will observe that the little patches or spots before alluded to, become, under its influence, covered with a more dense and white pellicle than the rest of the cervix. The cauterization, which should be made lightly and rapidly, being effected, the patient should be directed to lie quiet for a short time, and use if convenient an injection of simple water, merely to cleanse the passage of the secretions which would otherwise stain her linen.

The operation is very apt to be followed by a bloody discharge for a day or two; at all events, the customary muco-purulent secretion is much increased for a short period subsequently. In four or five days the pellicle or coating formed by the nitrate is thrown off, and a fresh, red, and slightly granulated surface is left, which should again be cauterized; and this operation is to be repeated every few days, (the period may vary from five to eight,) until the engorgement and attendant granulation or ulceration are removed.

In young females affected with congestion of the uterus, where we have made out the diagnosis by the touch alone, and wish to avoid if possible the use of the speculum even in the treatment, a supposi-

tory composed of the nitrate of silver, with the addition of some anodyne, as for instance, stramonium or morphine, may be introduced into the *os tincæ* by means of the suppository tube or pill syringe, as it is sometimes termed. Left there, the suppository soon dissolves and produces a considerable effect upon the disease, and being repeated every two or three days, or even daily if requisite, it may serve sometimes as a substitute for actual and direct cauterization in the usual manner.*

During this treatment the vaginal discharges will be found to diminish, the feeling of weight, pain in the back and sides gradually to lessen, the general health, appetite, digestion, &c., to improve, and in short, the patient will find herself growing sensibly stronger and better. I need hardly add, that all this while, the patient should be kept quiet; should abstain from much exercise, long walks, or fatigue of any kind; and in particular should be exceedingly moderate, if not absolutely continent, as regards sexual intercourse. It will be well for her to use daily injections of simple cold water, or weak astringent, and also mucilaginous washes. The bowels should be kept regular, if necessary, by gentle aperient medicine; costiveness being especially to be guarded against and deprecated in these cases.

Prof. Meigs, in his report before quoted, gives very minute and particular directions with regard to the use of the nitrate of silver, which persons unaccustomed to its use might do well to look over and attend to. With all deference, however, to the learned professor, his distinctions and directions seem to me unnecessarily nice and specific.

But there are cases which the nitrate of silver will not cure. When the congestion is excessive, and there is ulceration also to any considerable extent, the lunar caustic acts slowly if at all; and under these circumstances I have been accustomed to employ the acid nitrate of mercury as a caustic. Much greater caution is requisite in using this article than in the nitrate of silver, as it is much more active and potent. The operator should take care to apply the speculum closely to the neck of the uterus, and then touch the diseased parts lightly and rapidly with a little pledget of lint fastened upon the end of a stick, and moistened with the acid. It is not a bad plan, before withdrawing the speculum to throw in a syringe-ful of cold water to dilute the acid and prevent its action upon the vaginal

* For this suggestion I am indebted to Prof. Barker of the New York Medical College.

membrane. The effect of the acid nitrate continues for some ten days to a fortnight, and its application should not be repeated at shorter periods than those mentioned, as the little pellicle or slough caused by its contact does not entirely separate before that time; there is then left a raw and more smooth surface, to which the nitrate of silver may be beneficially applied.

I should not omit to mention, as a curious fact, that I have known salivation in one instance to result from a single application of the acid nitrate to the cervix. The patient was a feeble and delicate woman, who had quite an extensive ulcer on the cervix. She had some time previously been salivated by the internal use of mercury, and hence probably her extreme susceptibility to its influence.

The third species of caustic which I have been in the habit of using, is the *potassa cum calce*, which, as usually met with, is in the form of crayons or cylinders. It is much more manageable than the *potassa fusa*, and not so violent in its action. It is particularly applicable to those cases of chronic and hard engorgement where the cervix is actually indurated, and threatens to become even schirrhous. In such circumstances, the application of the *potassa* is eminently beneficial, and under its influence the engorgement and induration rapidly melt away.

In the use of this, as well as the preceding article, care should be taken to moderate and circumscribe its action, which does not confine itself merely to the surface upon which it is imposed, but is apt to extend to some depth if not restrained. For this purpose, it is well to have a mixture of vinegar and water at hand; and after the caustic has been carefully applied, its extension can be arrested by throwing in a little of the mixture by means of a syringe, or what is more convenient by carrying a dossil of lint dipped in the solution, to the parts cauterized. A tolerably thick pellicle is after a while thrown off from the cervix, which may again be touched with the *potassa*, or the nitrate of silver, as may in the discretion of the physician seem most appropriate.

With regard to the actual cautery, I frankly confess that I have had no personal experience, and therefore am unable to furnish any useful or satisfactory information respecting its employment. Those who have used it, however, speak highly of its benefits in certain obstinate and malignant forms of disease. M. Jobert de Lamballe, a French physician, extols it highly.

The treatment of diseases of the uterine neck by the local method above described, should be continued until the diseased surface re-

gains its normal appearance and condition, and this generally requires from six or eight weeks to three months. Occasionally, a case of unusual extent and severity, or of long standing, will not be cured within the period mentioned. The physician should therefore neither be discouraged himself, nor allow his patient to become so; but should steadily persevere in his efforts, as nearly all these cases, though they be tedious and obstinate, are curable, and will finally yield to proper treatment. The patient's mind should be as much as possible diverted from her disease, and great efforts should be made to inspire her with hope and confidence, not only because the cure is thus materially assisted, but because in these affections, the nervous system is peculiarly apt to become depressed, and the mind to be desponding.

I said a little way back, that the patient should be kept quiet. I do not mean by this to advise absolute rest, for I am disposed to believe that after the acute stage of these diseases has passed, moderate exercise not unduly protracted, rather tends to assist and to expedite the cure. Some patients can ride during the entire existence of the affection without pain or inconvenience, and such should be encouraged to do so.

Walking almost invariably causes pain either in the back or uterine region, but I am nevertheless in the habit of advising and encouraging my patients to take short walks, even though they suffer a little temporary aggravation of the pain in consequence. I believe that the uterine nerves become involved in these cases, or that a neuralgic condition of the parts frequently ensues, and that to this fact is often due the pain complained of after walking and at other times, though at the same time I am aware that the congestion and the coexistent displacement of the organ are generally sufficient to account satisfactorily for the pain. Still, as before said, when the difficulty has become chronic, I think that the benefit which the general system derives from air and exercise, more than counterbalances any local trouble which may by possibility result from indulgence therein.

Frequent sponging of the hips and loins with cold water, and vaginal injections of the same are calculated to assist the other measures which have been recommended; and while speaking of injections, I may remark that mucilaginous and anodyne vaginal injections (when applied in the proper way) are frequently of service in relieving the pain and the irritation sometimes attendant upon all disorders of the uterine neck. Astringent solutions also, such as the sulphate and

acetate of zinc, the sugar of lead, tannin, alum, &c., will also contribute to the comfort, and frequently promote the cure of the patient.

I shall add little or nothing further respecting the general or constitutional treatment of these affections. Every judicious physician will, of course, see that his patient is attended to in this respect, and will advise such regimen and medication, as may seem requisite to put her system in the best possible condition. As a general remark, I will suggest, that I have found very little active general medication necessary in my uterine cases. Occasionally, iron in some form, or perhaps a combination of this article with quinine, conium or iodine, has proved useful in an advanced stage of disease; but in general I have depended more upon the topical treatment, and such purely hygienic measures as the case seemed to require, than upon any regular or systematic course of medicine.

Lest it should be supposed that I am ignorant of, or have undervalued the treatment recommended by Duparque in his treatise on "Engorgements of the Uterus," I may state that I have repeatedly made trial of his plan of antimonial inunction, but in spite of all efforts to prevent it, the ointment would produce its specific pustulation, and occasion thereby so much irritation and inconvenience, that I thought it best upon the whole to abandon its use. I have also prescribed the powder of secale, in case of engorgement attended with hemorrhage, but as the article generally offended my patients' stomachs, or troubled their heads considerably, without producing a counterbalancing beneficial effect upon the uterus, I have lately ceased to depend upon it for any purpose whatever. Still I doubt not that cases are met with, in which both of these methods will be found useful and practicable.

I have heretofore been treating of diseases of the cervix uteri, when the organ was in an unimpregnated state. I wish now to direct your attention to the same diseases affecting the uterus in its gravid condition. My brethren of the Society will pardon me for expressing the opinion, that pregnant women receive too little consideration and treatment at the hands of our profession. We are, perhaps, too apt to consider the ailments to which such women are subject, as merely "symptoms"—as something which is a natural and necessary consequence of gravidity, not requiring, and not to be benefited by any medical treatment. And herein I think we labor under an erroneous belief; and am well persuaded that a "masterly inactivity" in many of these cases, does injustice not only to our suffering patients, but to our own professional skill and remedial means. I am well

satisfied, that the excessive nausea—with which some females suffer from the very moment almost of conception—the uterine pains—the vesical and vaginal irritations—the leucorrhœa—the ten thousand little difficulties with which a poor woman “in the family way” is afflicted, are not only symptoms, but often morbid symptoms; and that when applied to for their relief or mitigation, we should not content ourselves with prescribing some simple *placebo* to amuse the patient’s mind, and keep up her spirits merely, but should take such measures for her effectual relief, as we would adopt under other and ordinary circumstances.

Furthermore, I have very little doubt that nine-tenths, or at all events, a very large proportion of the abortions and miscarriages which take place, are due to actual disease of the cervix uteri; and that many of these “accidents” might be prevented by timely and proper applications to the part diseased. Nor is this a matter merely of opinion: its truth rests upon the observations of numerous careful and skillful practitioners; and I can draw upon my own limited experience for facts which prove the truth not only of the main proposition, but of its adjunct also; for I am quite sure that I have in several instances, by appropriate topical treatment, prevented the occurrence of this much to be deprecated misfortune.

But again: to refer you to one particular “symptom.” Every physician knows how common and how troublesome, in pregnant women, is the discharge termed “the whites” or leucorrhœa; and probably every one of any experience in these matters, has been plagued and baffled by the obstinacy of the disease. Injections, of whatever kind, are mere child’s play, and the disease frequently goes on during the whole period of gestation, to the very great annoyance and discomfort of the woman, and sometimes of—her husband. Now why should this be so? I undertake to say, that in the great majority of instances, this difficulty depends upon a diseased, generally a granulated state of the cervix; and that by a few touches of the nitrate of silver pencil; or if that fails, of the acid nitrate of mercury, the otherwise obstinate disease can be readily and effectually controlled; and the woman thus rendered equally comfortable and grateful.*

But perhaps it may be objected by those who entertain a pious horror of the speculum, that its use, always improper, as they say,

* Of course every prudent physician would exercise care in the employment of the acid nitrate in these cases; and when there was great susceptibility to mercurial influence, or any other good reason existed for avoiding its use, would content himself with the more slow but more safe application of the lunar caustic.

is especially so in pregnancy ; that it is dangerous, and likely to cause the very result which its use is affirmed to avert. To this I reply, that its use in careful hands, is no more dangerous in pregnancy than at any other time ; that in fact its employment is not half so likely to do mischief as the existing disease ; its introduction is certainly easier ; and in the earlier months, the womb lying low in the cavity of the pelvis, its neck can be more readily reached and brought into view, and the local medication on that account effected with more facility.

I have adduced as an illustration from among the "Diseases of Pregnancy," merely the leucorrhœa, but as before remarked, I am satisfied that the sickness at stomach also often depends upon disease of the cervix, whose nervous sympathies and influences are very extensive. And if this theory be correct, it follows that the sickness aforesaid may be more readily and effectually checked by applying nitrate of silver, or the acid nitrate, to the cervix uteri, than by filling the stomach with any quantity of soda, bismuth, charcoal or lemon juice.

I do not intend to enlarge much upon this or any other topic, as I wish to avoid the charge of tediousness ; but I beg those of my brethren, to whom these may be novel ideas, to look into the matter, and consult authors of more experience and reputation than I can lay claim to ; and furthermore, to test the correctness of my opinions by their own clinical observation : I doubt not that their practice thereafter will be somewhat different from its previous character.

I do not believe, however, that there is danger of my saying too much on the main topic of this essay, when its importance is considered, and I am therefore tempted to add a little to what has already been presented.

That diseases of the uterus constitute a large and interesting portion of every physician's cases, at least his chronic cases ; that they are, or have been, as a general thing, perplexing and obstinate to the practitioner, not less than troublesome and distressing to his patients, few indeed will be disposed to deny. That their influence upon female health, upon the constitutions of children, upon the happiness of families, upon the harmony and stability of the domestic relations, is often very direct and very efficient, may be easily demonstrated. The connection of diseases of the uterus in its non-gravid state, with the condition of the same organ when impregnated, is also a very close and important one. The effects experienced, moreover, by other organs and parts of the system, through the all-powerful

medium of sympathy, or by actual extension from surface to surface, or by the way of the circulation, should also be taken into consideration; and in view of these facts, for they are facts, we can scarcely devote too much attention, or attach too great importance to these uterine affections. For thirty years or more, is every woman liable to their attack, and if at the outset, or at an early period of her uterine life, she becomes thus affected, and is neglected or inefficiently treated, she may feel the consequences throughout the remainder of her days, and drag on a miserable existence, embittered by sufferings and annoyances, which in very many instances, might easily have been prevented or relieved.

Let us again sketch a case, many a counterpart of which is daily met with. Suppose a young girl to be so imprudent as to dance a whole evening during the catamenial period, and then leaving a heated room with her skin freely perspiring, her feet not well protected, and otherwise inadequately clothed, she "takes cold," and is so unfortunate as to become the subject of an attack of uterine congestion. Let the disease be now misapprehended, or inefficiently treated, and in a little while she begins to suffer at her monthly periods, which, in addition, become irregular as to time, and as to quantity of secretion, until at length she finds herself affected with permanent dysmenorrhea. After awhile her general health begins to suffer; her stomach, heart, head, and in short, her whole system, especially the nervous part of it, participating in the trouble, and finding exercise difficult and painful and very fatiguing, unless she be a person of uncommon perseverance and spirit, she is in time confined to the house, and not unfrequently her room, and perhaps even her couch; and she takes her place upon the list of confirmed invalids, obtaining, it may be, but little sympathy or charity from her acquaintances and friends, because she "does not look very sick," even when suffering acutely.

But suppose the difficulty does not reach quite this extent; and the female in question, by dint of prolonged rest, and by virtue of a good constitution and such general treatment as she may have received, escapes the fate of confinement within doors, and is able to keep about nearly as usual without much suffering, except for a few days in each month; and suppose, too, that in course of time, induced by her own wishes, or advised to such a step by her physician, (as has often been done without doubt,) she enters into the marriage state—what then ensues? Beyond all question, a speedy aggravation or renewal of her old symptoms, and an increase of the dormant

congestion. And the explanation of the occurrence is too obvious to need more than a simple statement of the fact ; for, by the mechanical injury to which the neck of the organ is now subjected, and the intense and repeated physiological excitement consequent upon the new relations into which the subject has entered, a hyperæmic condition of the cervix can not but be rapidly established, soon resulting in active congestion, inflammation and granulation, with all their attendant symptoms and sufferings.

If, as may possibly happen, impregnation should take place, the difficulties just mentioned are increased, and then commence the usual symptoms of pain in the back, pelvis and limbs, a burning sensation in the vagina and urethra, with frequent and painful micturition, and a sense of weight and bearing down within the pelvis.

Not unfrequently a furred tongue, quick pulse, headache, and occasional shivering fits, denote the existence of some constitutional disturbance : and so, perhaps, matters go on for some ten or twelve weeks, when after a little longer walk than usual, or some extra exertion, or it may be some strong mental excitement, or even without any obvious reason whatever, a flow makes its appearance, continues and increases, soon followed by uterine pains, and the unfortunate patient miscarries in spite of all efforts to prevent it. This occurrence has pretty thoroughly reduced her strength, and enfeebled her whole system ; but after a while she gets up again, slowly recovers and resumes her usual occupations, though her face is more pallid, and her air more languid than before ; she is more easily overcome by slight exertions, has a constant pain in her side, an occasional hemorrhage, and more or less leucorrhea. If she has any constitutional disposition to phthisis, it is not unlikely that a short, dry, hacking cough will soon begin to annoy her ; and no very long period will elapse before the too well known and unmistakable signs of tubercular disease manifest themselves. The sad but inevitable result I need hardly mention.

But if our patient has no hereditary taint, and escapes the fate just referred to, she may nevertheless be doomed to troubles and sufferings not less to be dreaded than the more rapidly fatal malady which, under similar circumstances in other cases, often results. In due time, possibly, she again conceives, and is again subjected to the dangers and sufferings of a miscarriage ; and thus she goes on, year after year, dragging out a weary existence, which doubtless she would be glad to exchange for the repose of the grave.

Perhaps I may have exaggerated, or too highly colored my sketch ;

and yet I doubt not that the experience of many of the members of this society will recognize its faithfulness and confirm its truth : and even if from among the whole list of cases that come under the physician's notice, there should be found but a bare fraction to answer the foregoing description, I shall still have discharged my duty to that small number, and have done them a great service by calling your attention to the cause of and remedy for their miserable condition, miserable if neglected or mistreated.

There is one fact in this connection which deserves particular mention. All physicians who have paid much attention to uterine diseases, and especially to the treatment of these by the modern method, can not but have noticed that many of their patients previously, or for a long time before, sterile, have, soon after undergoing the topical treatment recommended in this essay, conceived and gone safely through the period of gestation. Now if this proves anything, it shows the beneficial influence of local remedies upon the diseased structure and organ. The uterus, when much affected by disease, is not very apt to discharge its physiological duties with regularity and certainty ; and when, after a long recusance of these duties, it again takes on and performs its proper functions, I think the fact furnishes tolerably strong evidence that a change for the better has been effected ; and if we are ever right in arguing "*post hoc, ergo propter hoc*," certainly this immediate connection between cause and effect manifested in the treatment of diseases of the cervix by direct local applications, pretty thoroughly establishes their present power and permanent utility.

I should not have satisfactorily performed the duty which I assigned myself in the selection of my subject, were I to omit a caution, especially needed in the management of uterine diseases ; and that is, not to consider them cured, when only partially relieved. Perhaps in no class of cases is there a stronger tendency to relapse than in those of which I have been speaking. The physician should therefore be quite sure that every vestige of disease is removed, before he pronounces his patient well ; and even then he should charge her particularly to use great care in avoiding undue exertions, and all other causes which he knows may be likely to induce a return of the complaint. The locality of the disease, and the peculiar nature of the treatment, are such that both physician and patient are anxious to get through with it as soon as possible ; and doubtless, in some instances the practitioner may fail to effect a radical cure for want of sufficient perseverance in the course commenced. I allude to this, because it

is not unlikely to occur, and possibly an objection to the method of treating these diseases might be taken from the fact that it had sometimes failed in its object, when in truth the reason for its failure was to be looked for in its premature discontinuance.

It was no part of my design to say much with regard to the displacements of the uterus, although, entertaining as I do the idea that displacement seldom occurs unconnected with disease of the organ, I might with propriety have devoted some moments to its consideration. I am quite satisfied that many of the symptoms attributed to prolapsus uteri—such for instance as pain in the back, a bearing down sensation, vaginal discharge, irritable bladder, &c.—depend frequently more upon congestion of the organ than upon a simple change of its position. How few women indeed are there, who have borne children, in whom the womb retains its natural situation! But further, it is very often the fact that in cases where the symptoms referred to are most urgent and distressing, the degree of displacement is very slight and almost inappreciable; while on the other hand, as I have more than once seen, a woman shall have so great a degree of prolapsus, that the neck of the womb fairly protrudes between the labia, and yet she is able to take long walks, and even perform much actual labor with but very little trouble or suffering.

In the American Journal of Medical Science for July, 1853, Dr. Peebles, of Virginia, has contributed a very well written and ingenious paper "on the displacements of the non-gravid uterus," in which, while he admits that engorgement or congestion is almost always found in cases of malposition of the uterus, and is in fact the pathological condition of the organ when displaced, he yet endeavors to show that the displacement is generally the antecedent, and the congestion the consequent; and adduces as arguments to support his views, among other things, that "the increase of weight in the engorged womb is not of itself sufficient to effect the result." And also, that "the engorgement may greatly disappear, without being followed by a corresponding return of the organ to its natural position."

I am perfectly willing to allow their due weight to both these arguments, and yet I am not convinced by them nor any others which I have met with, that the views of the writer above quoted are in the main correct. That congestion sometimes, I might even say often, follows, and is the direct consequence of malposition of the uterus, I do not doubt; but from my own observation, and from reasoning on the subject, I am disposed to believe that the displace-

ment and the congestion are frequently simultaneous, or at least that both are owing to the same antecedent cause. However, I do not intend to discuss the subject: my reason for entering upon it at all at the present time, is to caution my younger brethren especially against adopting a too exclusive and one-sided view of the matter, in these cases, inasmuch as the treatment of them would be very much influenced and modified by the theory that one should embrace respecting them. Those who should adopt Dr. P's views, would attach very great importance to the mechanical treatment of the difficulty, considering the topical applications which I have recommended as of secondary consequence; while those who should think as I do, that displacements of the uterus, separated from their pathological connections of engorgement, granulation, &c., occasion comparatively but little inconvenience and suffering, would spare their patients, whenever possible, the disagreeable resort to a pessary; and first having relieved them of actual disease by proper topical applications, would trust to cold water douches and baths, &c., for the cure of the displacement, and only advise the employment of a permanent mechanical appliance, when they had failed in every other way to afford the desired relief.

I shall not enter into further detail in regard to this point, and am not very strenuous in urging that my particular views should be generally adopted. I do not assume to be regarded as authority upon this or any other part of the subject. As I stated at the outset, my object was to call attention to a very common class of diseases, in my opinion, too much neglected, or too inefficiently treated, rather than to attempt the feat of originating any new theory, or of disproving the correctness of any already in vogue.

In the foregoing paper I have merely given the results of my own observation, occasionally supported and confirmed by such authorities as would be generally recognized by the profession. Having, then, no pet theory to establish or maintain, and no rival hypothesis to demolish, my aim has been simply truth; and sound views of pathology and clear ideas of treatment, are what in common with the profession I labor for and desire.

Quackery and charlatanism are rampant in all departments of the healing art, and in none more so than in that branch which pertains to female diseases. Every "experienced" old woman, and traveling lecturer, and table-rapping clairvoyant, knows as much, and generally much more than the regular doctor. The surest way to put down empiricism and stop the spread of its mischief, is for the medi-

cal profession to attain as much certainty and clearness as possible in their diagnosis of diseases, and consequently harmony and uniformity in their practice.

Difference of opinion as to the mode of treatment will rarely occur to any great extent, when physicians see diseases in the same pathological light; but when obliged to guess at the nature and character of a difficulty, or to depend solely upon symptoms, we shall be very apt frequently to arrive at widely different conclusions both as to the disease and its remedies. The employment of instrumental assistance, therefore, in ascertaining the character and determining the nature of internal diseases, can not but be considered a great step in advance, inasmuch as it adds to the quality of certainty, in need of which the structure of our medical science somewhat stands. Let no one then thoughtlessly object to, or willfully refuse this assistance in the management of uterine affections. A man of ordinary tact and right feelings, will so contrive to avail himself of its advantages, that while on the one hand he obtains the information which he so much needs and desires, on the other he will avoid all unnecessary violence to his patient's delicacy, be she never so refined and sensitive. "To the pure, all things are pure," should be as much an axiom in medicine as in morals. But perhaps I have said enough upon this point, and my paper is extending to an inconvenient length. I will therefore hasten to a conclusion.

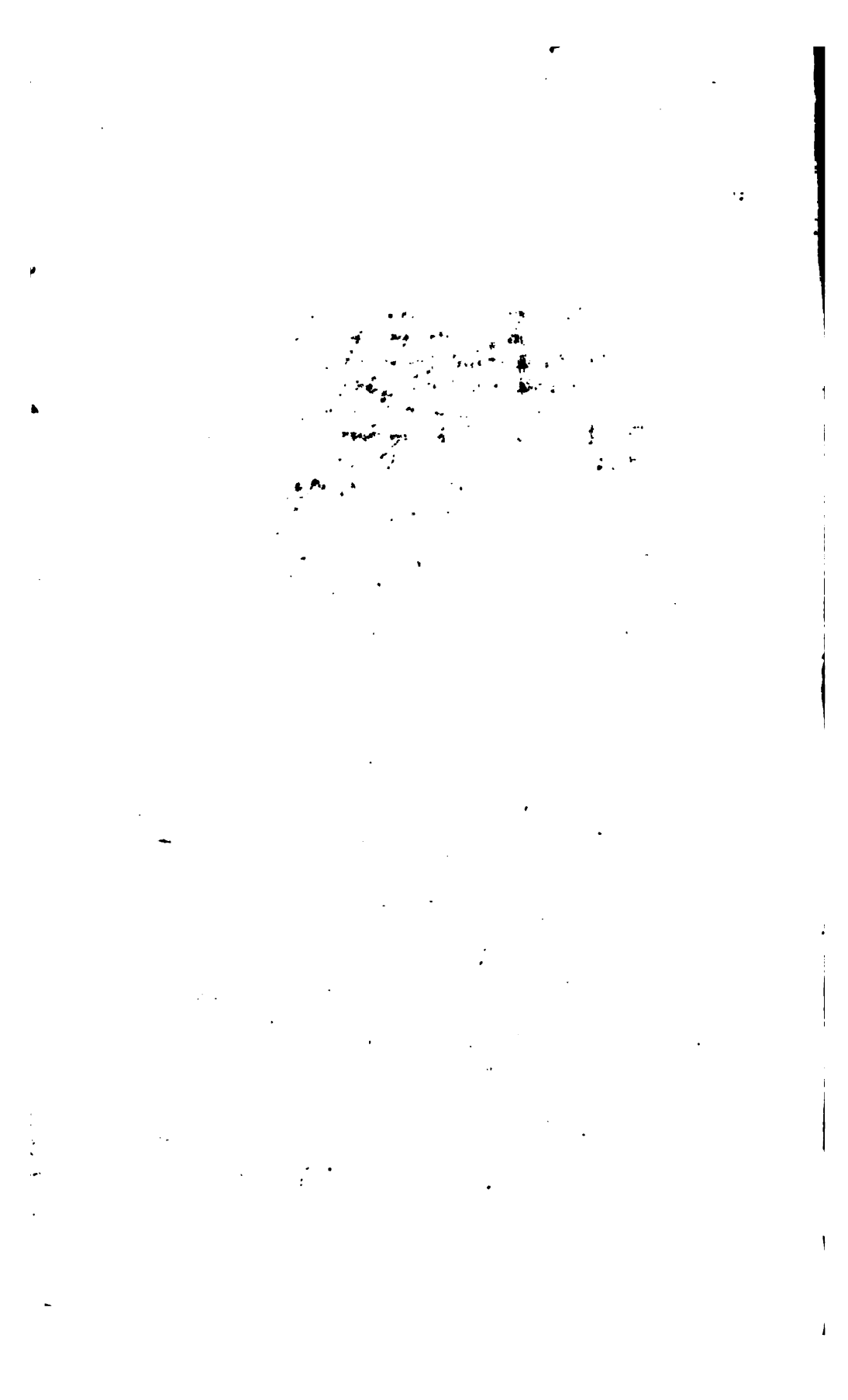
If the statements I have presented, and the reasons I have adduced, in the foregoing somewhat discursive essay, shall induce any of my professional brethren to give closer attention to the large class of uterine diseases which come under the notice of every physician actively engaged in general practice, and if the mode of treatment which I have described and advocated shall be instrumental in relieving the sufferings and restoring the health of even a few of that numerous and interesting class of patients, my duty to this Society and to my profession will have been in some measure discharged, and the time and labor which, by your appointment for this occasion, has been required at my hands, will not have been expended in vain.

W. B. CASEY.

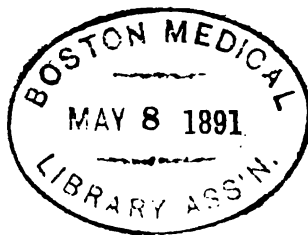
MIDDLETOWN, May, 1854.

NOTE.

The publication of the proceedings has been delayed by waiting the preparation of an expected obituary notice, the large amount of miscellaneous matter ordered by the Convention, as well as the great pressure of other matter in the hands of the publisher.



PROCEEDINGS
OF THE
Connecticut Medical Society.
M.DCCC.LV.





PROCEEDINGS

OF THE

SIXTY-THIRD ANNUAL CONVENTION

OF THE

Conn. Medical Society,

MAY, 1855,

WITH A LIST OF MEMBERS,

AND THE

DISSERTATION OF STEPHEN G. HUBBARD, M. D.

Hartford:

PRESS OF CASE, TIFFANY AND COMPANY.

M.DCCC.LV.

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PROCEEDINGS.

THE Annual Convention of the President and Fellows of the Connecticut Medical Society, was held in the Court House, in the city of Norwich, May 10th and 11th, 1855.

The Convention was called to order by the President, when the certificates of the election of Fellows were presented by the Secretary, and referred to a committee, consisting of Drs. Fowler, Thurston, and Lewis, who reported the following list of

F E L L O W S .

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B. N. Comings, M. D.
O. B. Griggs, M. D.
W. C. Williams, M. D.
*S. Rockwell, M. D.
E. K. Hunt, M. D.

NEW LONDON COUNTY.

Jno. D. Ford, M. D.
H. Thurston, M. D.
Alonzo Fuller, M. D.
Jno. C. Bolles, M. D.
Isaac G. Porter, M. D.

FAIRFIELD COUNTY.

J. Sherwood, M. D.
Jno. A. McLean, M. D.
*H. N. Bennett, M. D.
*H. L. W. Burritt, M. D.
*Jas. Baldwin, M. D.

MIDDLESEX COUNTY.

*D. Williams, M. D.
*W. B. Casey, M. D.
*S. W. Turner, M. D.

NEW HAVEN COUNTY.

J. Knight, M. D.
N. B. Ives, M. D.
P. G. Rockwell, M. D.
Joel Canfield, M. D.
R. F. Stillman, M. D.

WINDHAM COUNTY.

J. H. Simmons, M. D.
*H. W. Hough, M. D.
D. W. C. Lathrop, M. D.
Wm. A. Lewis, M. D.
*Daniel A. Hovey, M. D.

LITCHFIELD COUNTY.

M. Peters, M. D.
H. W. Buel, M. D.
R. M. Fowler, M. D.
O. Brown, M. D.
C. B. Maltbie, M. D.

TOLLAND COUNTY.

Orson Wood, M. D.
G. H. Preston, M. D.
H. S. Dean, M. D.

It was voted to postpone the election of officers for the present, and proceed to the next regular business of the Convention.

A committee, consisting of Drs. Hunt, Ford, and Wood, were appointed to bring forward the unfinished business of last year.

Dr. Peters offered the following resolutions:

Resolved, That in the death of JOHNSON C. HATCH, M. D., of Kent, the medical profession have lost a worthy and useful member, and the Society a firm and distinguished supporter.

Resolved, That ——— be a committee to prepare a suitable biographical sketch of the deceased, and present it to the Convention.

Resolutions passed unanimously, and Dr. Peters was appointed to prepare a biographical sketch of the deceased.

Dr. Hunt presented the resolutions from Hartford County in reference to the Insane confined in the Connecticut State Prison—the Sanitary condition of Hartford County, and urging the adoption of similar measures in all the counties of the State—the Biography of the late GEORGE SUMNER, M. D.—the necessity of a thorough Pharmaceutical education for Druggists, to enable them to discharge their duties with more regard to the safety of human life and the best interests of humanity, and approving of the organization of the “American Pharmaceutical Association;” and requesting the Convention to co-operate with this National Association in its laudable efforts “to advance pharmaceutical knowledge, and elevate the professional character of Apothecaries and Druggists in the United States.”

On motion of Dr. Thurston,

The resolutions presented from Hartford County were severally referred to select committees, to report thereon to the present Convention.

Dr. Hunt then presented the resolution of Hartford County, recommending several physicians therein named, for the Honorary Degree of Doctor of Medicine. On motion of the Secretary, this resolution was referred to the Standing Committee, to be raised, on Honorary Degrees and Honorary Members.

Dr. Catlin then offered a resolution, that a committee of three be appointed, to apply to the Legislature for an alteration of the third section of the “Act to incorporate the Connecticut Medical Society,” by erasing the word “second,” and inserting “fourth,” preceding “Wednesday in May,” so that hereafter the Annual Meeting of the Convention of the Connecticut Medical Society will be held on the

fourth Wednesday in May in each year, in the place of the second Wednesday, as now required by said act of incorporation. The object of the change being to accommodate those members of the Society who may be members of the American Medical Association, and Fellows to the Convention of the State Medical Society, that they might be enabled to attend both meetings. On motion, referred to a committee consisting of Drs. Buel, Foster, and Wood.

On motion, it was voted to appoint a committee of three, to attend the annual meeting of the Massachusetts Medical Society, to be held at Springfield, on the last Wednesday of June, 1855. On motion, the nomination of said delegates was referred to the Committee to nominate Delegates to the National Medical Association.

On motion of Dr. Thurston,

Resolved, That if any Clerk, in the discharge of his duty, shall prosecute a fellow of the Society, he shall be supported by the State Society, and find means to carry on a law-suit from the State Treasury.

The resolution was referred to a committee, consisting of Drs. Thurston, Lathrop, and Dean.

On motion of Dr. Ford, Dr. J. V. C. Smith, of Boston, was invited to a seat in the Convention, and Dr. Haile was requested to call upon Dr. Smith, and inform him of the vote, and escort him to the Convention now in session.

Drs. Hunt, Knight, Casey, Simmons, Fuller, Peters, Bennett, and Dean, were appointed a committee on the Hartford resolutions in reference to the Insane confined in Connecticut State Prison.

On motion, the Convention then proceeded to the election of officers for the ensuing year, when the following gentlemen were elected, *viz.* :

WILLIAM H. COGSWELL, M. D., PRESIDENT.

BENJAMIN H. CATLIN, M. D., VICE-PRESIDENT.

JOSIAH G. BECKWITH, M. D., SECRETARY.

GEORGE O. SUMNER, M. D., TREASURER.

The Convention then adjourned until 2 o'clock, P. M.

Two o'clock, P. M.

The Convention came together.

The Treasurer read his report, which was accepted, and referred to a committee, consisting of Drs. Ives, Griggs, and Brown, to audit the same.

Abstract of Treasurer's Report.

Cash in Treasury,		\$240.18½
Due from Clerks,	\$1,250.13	
Deduct one-third for bad debts, abatements, commissions, &c.,	416.71	833.42
		<hr/>
		\$1,073.55½
The Society owes for debentures, outstanding.		468.25
		<hr/>
Leaving balance in favor of the Society,		\$605.30½

Drs. Thurston, Lathrop, and McLean, were appointed a Committee on Debentures.

The Convention then proceeded to fill the vacancies in the Standing Committees for the ensuing year, by the election of

Reynold Webb, M. D., and Benjamin H. Catlin, M. D., in the Committee of Examination.

Jonathan Knight, M. D., and Isaac G. Porter, M. D., in the Committee to nominate Physicians to the Retreat for the Insane.

E. K. Hunt, M. D., and R. M. Fowler, M. D., in the Committee to nominate Professors in Yale College.

Drs. Hunt, Rockwell, and Simmons, were then appointed a Committee on the Resolutions of Hartford County, in reference to Sanitary reports from the several counties.

Drs. Comings, Canfield, and Bolles, on the resolutions of said county, on the Education of Druggists and Apothecaries; and,

Drs. N. B. Ives, Buel, and Preston, to report on the publication of the Biography of GEORGE SUMNER, M. D., by the Convention.

Drs. Knight, Hunt, and Porter, were then appointed a Committee to nominate Delegates to the American Medical Association.

Drs. Ford, Lewis, Stillman, Comings, D. Williams, Wood, Brown, and McLean, on Honorary Degrees and Honorary Members.

Drs. Ives, Griggs, Thurston, Simmons, Sherwood, Fowler, Casey, and Dean, on Gratuitous Students.

Drs. Knight, Hunt, and Rockwell, to nominate Dissertator to the next Convention.

Dr. Knight, from the Committee to nominate Delegates to the American Medical Association, reported the names of Drs. N. B. Ives, N. S. Perkins, G. W. Russell, and P. G. Rockwell; and also reported the names of Drs. J. Knight, B. Rogers, and A. B. Haile, as Delegates to the Massachusetts Medical Society, the present year.

Report accepted, and the gentlemen were severally appointed as recommended.

Dr. Knight, from the Committee to nominate a Dissertator to the next Convention, reported John D. Ford, M. D., as Dissertator, and H. W. Buel, as substitute.

Report accepted, and the gentlemen were appointed.

Dr. Ives, from the Committee appointed to examine and audit the Treasurer's report, reported, that the committee had examined the same, and found it correct; and recommended the following resolution, which was accepted by the Convention.

Resolved, That past Clerks of County Medical Societies be requested to settle their accounts with the Treasurer, without further delay.

Dr. R. M. Fowler, from the Committee to whom was reerred the alteration of the charter of the Connecticut Medical Society, changing the time of holding the annual meetings of the Convention from the second to the fourth Wednesday in May, submitted a report that said change is expedient, and recommended the appointment of a Committee to apply to the Legislature to make such change in the act of incorporation of the Society.

Report accepted, and Drs. Hunt, A. M. Knight, and Simmons, were appointed said committee.

Dr. Hunt, from the Committee on Unfinished Business, reported that the only unfinished business of last year was the report of the Committee appointed on Dr. Wood's resolution on the labeling of all medicines in plain English, and the New Hampshire Circular. That said matter was referred to a Committee of which Dr. Beardsley was Chairman.

Dr. Beardsley was not in Convention, but made through Dr.

Knight a verbal report, that in his opinion no action was necessary by the Convention.

Dr. Wood, a member of the same Committee, being present, stated that the Committee had held no meeting, but he had submitted his "opinion to the Chairman, and was now in favor of petitioning the Legislature to pass a law which should prohibit the sale of Patent Medicines, unless labeled in *plain English*."

On motion of Dr. Sumner, seconded by Dr. Wood, the subject was continued to the next Convention, and referred to a Committee consisting of Drs. Wood, Fuller, and Lewis.

Dr. Stephen G. Hubbard then read a Dissertation on "Registration the Basis of Sanitary Reform."

On which, Dr. Beckwith offered the following resolution.

Resolved, That the thanks of the Convention are due, and are hereby tendered to Stephen G. Hubbard, M. D., for his very able and important paper, read by him, on Registration, and that he be requested to furnish a copy, for publication with the proceedings of the Convention.

The resolution was seconded by Dr. Knight, and passed unanimously.

Dr. Ives, from the Committee on the Biography of the late Dr. Sumner, reported that they had examined the same, indorsed the resolutions of Hartford County, and recommended the publication of the Biography, with the proceedings of the Convention.

Report accepted, and resolution passed.

In consequence of the unavoidable absence of Drs. Ford and McLean, from the Convention, their vacancies on the Committee on Honorary Degrees and Honorary Members, were filled by Drs. Bolles and Lathrop, and Dr. Brown on Debentures, in place of Dr. McLean.

Dr. Hunt, from the Committee appointed to examine the resolutions submitted to the Convention by the Hartford County Medical Society, on the procuring of Sanitary reports from the several counties, made the following report:

That they have examined the plan adopted by Hartford County Medical Society, submitted to their consideration, and published in the proceedings of last year, and have also examined several papers, submitted to the County Medical Society, obtained under that system, and are of the opinion that if the same were adopted by the several counties of the State as energetically and perseveringly as

their importance demands, it would ultimately furnish an ample and reliable sanitary condition of the State.

We propose further, that in addition to these inquiries, the report of Dr. Gurdon W. Russell, Chairman of the Committee of Hartford County Medical Society, be published with the proceedings of the present year, that members may learn the method adopted in that county, in making up reports, and pursue it with more or less fullness as circumstances demand.

In conclusion, they beg leave to offer the following resolution.

Resolved, That this Convention earnestly recommend to each county of the State to enter upon the work of preparing a sanitary report after the plan pursued in Hartford County, and which appears with sufficient fullness to be readily understood in the published proceedings of the present year.

Signed,

HUNT,	} Committee.
ROCKWELL,	
SIMMONS,	

Report accepted, and resolutions adopted.

Dr. Ives, from the Committee on Gratuitous Students, reported that

New Haven county had elected, Samuel Shepard,	
Middlesex county,	George H. Perry,
Litchfield county,	Edward Bulkley, Jr.,
Fairfield county,	Elijah Gregory,
Middlesex county,	Nehemiah Nickerson,
Tolland county,	Stephen F. Pomeroy.

For vacancies in Hartford and New London counties, Richard Foote and John Johnson, A. B.

Report accepted, and the vacancies were filled by Richard Foote and John Johnson.

Dr. Knight offered the following resolution :

Resolved, That the several county societies be requested to collect and report to this Convention, at its annual meeting in each year, the names of such members of their respective societies as have died during the previous year, with such obituary notices of them as they may deem proper.

Resolution carried unanimously.

On motion of Dr. Ford, the following resolution was adopted.

Resolved, That we recommend to the physicians throughout the State, a full and earnest compliance with the provisions of the Registration law and to promote its observance.

Dr. Thurston offered the following resolution :

Resolved, That the clerks of the several county societies hereafter be exempt from all taxes due to the State Society, during their term of office, in addition to the present fees.

Resolution adopted.

On motion of Dr. Beckwith, the following resolutions were adopted.

Resolved, That in the deaths of Samuel Buel, M. D., Aaron Moody, M. D., Thomas P. Wattles, M. D., Horace Burgess, M. D., Avery Downer, M. D., John Noyes, M. D., Ralph Carter, M. D., late prominent members and fellows of the Connecticut Medical Society, the medical profession have lost useful and honorable members and the Connecticut Medical Society some of its most faithful supporters and distinguished ornaments.

Resolved further, That —————, be a committee to prepare suitable sketches of the deceased, and report to the county meetings, to be by them submitted to the next annual Convention.

On motion, the blank was filled by a committee of one from a county, *viz.*

Eli Ives, M. D.,	New Haven county,
Gurdon W. Russell, M. D.,	Hartford county,
Wm. B. Casey, M. D.,	Middlesex county,
J. G. Beckwith, M. D.,	Litchfield county,
R. Blakeman, M. D.,	Fairfield county,
W. Campbell, M. D.,	Windham county,
J. D. Ford, M. D.,	New London county,
T. Dimock, M. D.,	Tolland county.

Dr. Ford, from the Committee on Honorary Degrees and Honorary Members, recommended the names of Dr. Sidney W. Rockwell, of East Windsor, Dr. S. Waldo Hart, New Britain, Dr. Warren Thrall, Glastenbury, Dr. Erastus Bancroft, of Wolcottville, to be recommended to the Corporation of Yale College, for the Honorary Degree of

Doctor of Medicine, and also recommended that the names reported last year be again forwarded to the Corporation of Yale College, and entered on the Triennial Catalogue for the year 1854.

Also, J. V. C. Smith, M. D., of Boston,
Joseph Sargent, M. D., of Worcester,
O. Wendell Holmes, M. D., of Boston,
Mason F. Cogswell, M. D., of Albany,

as Honorary Members of the State Medical Society.

The report of the committee was accepted, and on balloting for the several gentlemen, they were found severally elected, viz.

Drs. Rockwell, Hart, Thrall and Bancroft, for recommendation to the Corporation of Yale College, for the Honorary Degree of M. D., and Drs. Smith, Sargent, Holmes and Cogswell, as Honorary Members of the Connecticut Medical Society.

Dr. Comings, from the Committee to whom was referred the resolutions submitted by the Hartford County Medical Society, in regard to the preparatory education of Druggists and Apothecaries, made the following report :

That the resolutions presented by the Hartford County Medical Society be adopted and published in the transactions of this Society, and that our Secretary be requested to forward a copy of the resolutions to the American Pharmaceutical Society.

COMINGS, }
SANDFORD, } Committee.
BOLLES, }

Voted, That the action of the Hartford County Medical Society in regard to the dismissal of Dr. Jairus Case, be confirmed by this Convention.

On motion of Dr. Knight,

Resolved, That a tax of one dollar and fifty cents be laid upon each member, payable on the 1st June next.

Resolution adopted, and tax laid.

Adjourned to 8 o'clock, Thursday, A. M.

Thursday, Eight o'clock, A. M.

Convention met pursuant to adjournment.

The Committee on Dr. Thurston's resolution, through their chairman, Dr. Thurston, reported, that the By-Laws are sufficiently explicit on the subject, and beg leave to be discharged from its further consideration.

Report accepted, and committee discharged.

Dr. Baldwin, another member of the Committee on Dr. Wood's resolution, reported further, that the sale of Patent Medicine nostrums, involves a large sum of money, variously estimated from fifty to five hundred thousand dollars; that most of this sum is carried from the State, and pays no tax, being sold by peddlers and others on commission; that it is just that it should pay a certain tax or license in the towns where raised; that the payment of a license fee would restrict the sale of those articles in which the manufacturers have no confidence, and limit the operations of the adventurers who seek to replenish their pockets by hawking articles of pretended efficiency on the suffering sick. The committee would recommend that the Convention call the attention of our State Legislature to this view of the subject for such legislation as sound political economy demands.

The report was read and referred to the Committee, already appointed, on Patent Medicines and Nostrums.

The reports of the Standing Committees were then called for, when the Secretary (in the absence of Dr. Welch, appointed to make the report of the Committee of Examination, not having rendered it,) stated that the published report of the Dean contained the proceedings; that the class was unusually well prepared, and in all respects worthy of the Institution, whose diploma they received by the unanimous approbation of the Board.

The Committee on the appointment of Professors for Yale College, and the Standing Committee on the appointment of Physician to the Retreat for the Insane, reported that no proceedings had been called for in their several boards.

Reports accepted.

The following is the resolution from Hartford County, in relation to Insane Convicts.

Whereas, it appears to this Society, from statements made to it to-day, and from the many published reports of former Physicians and Wardens of the State Prison, that Insane convicts in considerable numbers, are always to be found there, for whose comfort or recovery no suitable accommodations are furnished, or means employed; and believing, as we do, that the interests of humanity and of the State, are both involved in a change, having for its object the recovery, if possible, of the class of persons above-named. Therefore,

Resolved, That this Society respectfully request the State Medical Society, at its ensuing Convention, duly to consider this important subject; and by an active committee, or otherwise, place itself in relation with those to whom the power of furnishing relief belongs, and earnestly endeavor to procure such action in the premises, as best promises to secure the end contemplated.*

Dr. Brown, from the Committee on Debentures, made a report, which was accepted, and ordered to be paid.

Dr. P. G. Rockwell offered the following resolution,

Resolved, That the thanks of this Convention be tendered to the Norwich Medical Association, the Municipal Authorities, and other citizens of Norwich, for the very generous and hospitable manner in which they have greeted and entertained us during our sojourn here.

Resolution passed unanimously.

On motion, the Convention then adjourned *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

* The object contemplated in the above resolution, was, early in the session, brought by petition before the Legislature, and referred to the "Committee on State Humane Institutions," whose report is appended to these Proceedings, principally for the sake of bringing several highly interesting facts to the notice of the profession, and thus secure its hearty co-operation, in carrying on to completion, the undertaking, which the appropriation of the present year, has enabled its friends to begin.

Members of the Society.

HONORARY MEMBERS.

JAMES JACKSON,	Boston, Mass.
JOHN C. WARREN,	Boston, Mass.
BENJAMIN SILLIMAN,	New Haven.
THEODORE ROMEYN BECK,	Albany, N. Y.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	Springfield.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	Montgomery, Ala.
JOHN WATSON,	New York.
FRANK H. HAMILTON,	Geneva, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston.
O. WENDELL HOLMES,	Boston.
JOSEPH SARGENT,	Worcester.
MASON F. COGSWELL,	Albany, N. Y.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

SETH L. CHILD, M. D., Chairman.

WILLIAM R. BROWNELL, M. D., Clerk.

<p>HARTFORD, Henry Holmes, Samuel B. Beresford, George B. Hawley, Gurdon W. Russell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i>, E. K. Hunt, John S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, M. W. Wilson, William Porter, John H. Wells, William R. Brownell, P. W. Hastings, S. C. Preston, J. S. Curtis, S. C. Hall, Edwin Blakslee, J. N. Koernbach.</p> <p>AVON, Alfred Kellogg.</p> <p>BERLIN, E. Brandagee, Jr.</p> <p>NEW BRITAIN, <i>Samuel Hart</i>, Roswell Hawley, E. D. Babcock, B. N. Comings.</p> <p>BLOOMFIELD, Henry Gray.</p> <p>BRISTOL, Joseph W. Camp, John S. Moody, Loomis North.</p> <p>BURLINGTON, William Elton, 2d.</p> <p>CANTON, <i>Collinsville</i>, Russell H. Tiffany.</p> <p>EAST HARTFORD, <i>Eli Hall</i>, Seth L. Child, Clarence M. Brownell, H. K. Olmstead.</p> <p>EAST WINDSOR, Hiram Watson.</p> <p><i>Broad Brook</i>, Marcus L. Fisk.</p> <p><i>Warehouse Point</i>, Joseph Olmstead.</p> <p>ENFIELD, J. P. Converse, A. L. Spalding, H. A. Grant.</p> <p><i>Thompsonville</i>, J. Bailey Beach, L. S. Pease.</p> <p>FARMINGTON, Asahel Thompson.</p>	<p><i>Plainville</i>, G. A. Moody.</p> <p><i>Unionville</i>, William H. Sage.</p> <p>GLASTENBURY, Clinton Bunce.</p> <p><i>South Glastenbury</i>, C. E. Hammond, Luman J. Andrus, Henry Gilbert.</p> <p><i>Eastbury</i>, Sabin Stocking.</p> <p>GRANBY, <i>Joseph F. Jewett</i>.</p> <p><i>East Granby</i>, Chester Hamlin.</p> <p><i>West Granby</i>, Justus D. Wilcox.</p> <p><i>North Granby</i>, Francis F. Allen.</p> <p>MANCHESTER, W. C. Williams, W. Scott.</p> <p>ROCKY HILL, <i>Sylvester Bulkley</i>, R. W. Griswold.</p> <p>SIMSBURY, Roderick A. White.</p> <p><i>Tariffville</i>, George W. Sanford, Charles W. Ensign.</p> <p>SOUTHINGTON, Julius S. Barnes, N. H. Byington, F. A. Hart.</p> <p>SOUTH WINDSOR, Horace C. Gillette, H. Goodrich.</p> <p><i>East Windsor Hill</i>, Wm. Wood, Sidney Rockwell.</p> <p>SUFFIELD, S. B. Low, Aretus Rising.</p> <p><i>West Suffield</i>, O. W. Kellogg.</p> <p>WETHERSFIELD, E. F. Cooke, A. S. Warner, R. Fox.</p> <p>WEST HARTFORD, Edward Brace.</p> <p>WINDSOR, <i>William S. Pierson</i>, A. Morrison, Samuel A. Wilson.</p> <p><i>Windsor Locks</i>, Samuel W. Skinner.</p> <p><i>Poquonock</i>, Oliver B. Griggs.</p>
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NEW HAVEN COUNTY.

HENRY BRONSON, M. D., Chairman.

S. G. HUBBARD, M. D., Clerk.

NEW HAVEN, *Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, A. S. Munson, Charles Hooker, Nathan B. Ives, E. H. Bishop, E. D. North, J. A. Totten, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, A. C. Blakeslee, H. W. E. Mathews, C. A. Lindsley, Worthington Hooker, T. P. Beers, Jr., Charles Byington, Venderlin Hassler, Samuel Lloyd, Geo. E. Buddington, Thomas H. Totten, J. K. Downs, Moses C. White, Leonard J. Sanford, C. L. Ives, Hobart Keese, Lucius A. Smith. Fair Haven, C. S. Thompson, W. M. White, Lyman Parker.*

BETHANY, *Asa C. Woodward.*

BRANFORD, *Willoughby L. Lay, Jacob O. Loomis.*

NORTH BRANFORD, *Sheldon Beardsley.*

CHESHIRE, *A. J. Driggs, Harvey B. Way, Noah B. Welton.*

DERBY, *Ansonia, Samuel P. Church. Birmingham, Ambrose Beardsley, T. Dutton.*

HAMDEN, *E. D. Swift. Humphreysville, Abiram Stoddard, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.*

EAST HAVEN, *Bela Farnham.*

North Haven, *Roswell F. Stillman.*

GUILFORD, *Joel Canfield, Alvan Talcott.*

MADISON, *Reynold Webb, D. W. Webb.*

MERIDEN, *Lewis Barnes.*

West Meriden, *B. H. Catlin, Edward W. Hatch.*

Yalesville, *C. B. McCarty.*

MILFORD, *Hull Allen, L. N. Beardsley.*

NAUGATUCK, *J. D. Mears, Timothy Langdon.*

OXFORD, *Roswell Bronson.*

SOUTHBURY, *A. B. Burritt.*

South Britain, *N. C. Baldwin.*

WALLINGFORD, *Nehemiah Banks, Samuel N. Rowell.*

WATERBURY, *G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley, P. G. Rockwell, Thomas Dougherty.*

WOODBIDGE, *Isaac Goodsell, Andrew Castle.*

NEW LONDON COUNTY.

ASHBEL WOODWARD, M. D., Chairman.

BENJAMIN D. DEAN, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard, Nathaniel S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwaring.*

NORWICH, *Richard P. Tracy, Erastus Osgood, Elijah Dyer, Elisha Phinney, John D. Ford, Edwin Bentley, Benjamin D. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston, Henry W. Leach, Daniel G. Gulliver, A. B. Haile.*

BOZRAH, *Samuel Johnson.*

COLCHESTER, *Ezekiel W. Parsons, Frederick Morgan.*

EAST LYME, *John L. Smith, Austin F. Perkins.*

FRANKLIN, *Ashbel Woodward.*

GRISWOLD, *Jewett City, William Soule.*

GEOTON, *Joseph Dufey.*

Noank, *A. T. Douglass.*

LEBANON, *Joseph Comstock, Ralph P. Green.*

LEDYARD, *Gale's Ferry, Rufus W. Mathewson.*

LYME, *Richard Noyes.*

North Lyme, *Wm. W. J. Warren.*

MONTVILLE, *John C. Bolles.*

Uncasville, *Samuel E. Maynard.*

PRESTON, *Eleazer B. Downing.*

Poquetannock, *Henry C. Randall.*

SALEM, *Nathaniel Foote.*

STONINGTON, *William Hyde, George E. Palmer, William Hyde, Jr.*

Mystic, *Mason Manning.*

Mystic Bridge, *E. F. Coats, A. W. Coats.*

FAIRFIELD COUNTY.

SAMUEL S. NOYES, M. D., Chairman.

JUSTUS SHERWOOD, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck. <i>Greenfield</i> , RUFUS BLAKEMAN. <i>Southport</i> , Justus Sherwood.	HUNTINGTON, <i>James H. Shelton</i> . MONROE, Salmon H. Hall. NEW CANAAN, <i>Samuel S. Noyes</i> , Lewis Richards.
BRIDGEPORT, D. H. Nash, Frederick J. Judson, H. L. W. Burritt, <i>William B. Nash</i> , Robert Hubbard, H. N. Bennett.	NORWALK, John A. McLean, Ira Gregory.
BROOKFIELD, <i>Noah A. Lacey</i> , A. L. Williams.	STAMFORD, N. D. Haight, Samuel Sands, Lewis Hurlbut.
DANBURY, <i>R. B. Botsford</i> , E. P. Bennett.	STRATFORD, <i>William T. Shelton</i> .
EASTON, James Baldwin, Abram P. Ticknor.	TRUMBULL, <i>ELIJAH MIDDLEBROOK</i> , George Dyer.
	WESTPORT, George Blackman, David S. Burr.

WINDHAM COUNTY.

ORRIN WITTER, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Daniel M. Hale, William Woodbridge.	<i>Centralville</i> , Elijah Baldwin, Jr.
ASHFORD, John H. Simmons.	POMFRET, Hiram Holt, Lewis Williams.
CANTERBURY, <i>Elijah Baldwin</i> , Joseph Palmer.	STERLING, William A. Lewis.
CHAPLIN, Orrin Witter.	THOMPSON, Howell Holcomb, John McGregor.
HAMPTON, Dyer Hughes.	VOLUNTOWN, <i>Harvey Campbell</i> .
KILLINGLY, <i>Daysville</i> , Justin Hammond.	WINDHAM, <i>Charles Hunt</i> , De Witt C. Lathrop.
<i>South Killingly</i> , Daniel A. Hovey.	<i>Willimantic</i> , John Hill, Jr.
<i>East Killingly</i> , E. A. Hill.	Scotland, Calvin B. Bromley.
<i>West Killingly</i> , David E. Hall, Samuel Hutchins, Stephen C. Griggs.	WOODSTOCK, <i>North</i> , Asa Witter.
<i>Quinebaug</i> , Henry W. Hough, Thomas W. Perry.	<i>South Woodstock</i> , <i>Lorenzo Marcy</i> .
PLAINFIELD, WM. H. COGSWELL.	<i>West Woodstock</i> , Milton Bradford, Charles H. Rogers.
<i>Moosup</i> , <i>Morey Burgess</i> , Nathan S. Pike, Lewis E. Dixon.	EASTFORD, Henry Gray.

LITCHFIELD COUNTY.

WILLIAM W. WELCH, M. D., Chairman.

H. W. BUEL, M. D., Clerk.

LITCHFIELD, Josiah G. Beckwith, Geo. Seymour, D. E. Bostwick, E. Osborn, H. W. Buel.	CORNWALL, Burritt B. North, John H. Welch.
<i>South Farms</i> , Garry H. Miner.	<i>West Cornwall</i> , Samuel W. Gold.
CANAAN, Ithamar H. Smith.	COLEBROOK, Seth Pease.
<i>South Canaan</i> , John A. Gillett.	<i>Gaylord's Bridge</i> , Gamaliel H. St. John.
	GOSHEN, A. M. Huxley.

HARWINTON, — Miller.	SHARON, Ralph Deming, Chauncey Reed. •
KENT, <i>Wells Beardsley</i> , John E. Smith.	TORRINGTON, <i>Wolcottville</i> , <i>Erastus Bancroft</i> , J. W. Phelps.
NEW MILFORD, <i>Jehiel Williams</i> , Wm. B. Lacy.	WARREN, O. Brown.
<i>Bridgewater</i> , Horace Judson.	<i>Woodville</i> , Manley Peters.
NORFOLK, William W. Welch, E. D. Huggins.	WASHINGTON, R. M. Fowler.
PLYMOUTH, Samuel T. Salisbury.	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
<i>Plymouth Hollow</i> , William Woodruff.	WATERTOWN, Samuel Catlin, Jr.
ROXBURY, Myron Downs.	WINCHESTER, <i>West Winsted</i> , James Welch, H. G. Westlake, J. W. Bidwell.
SALISBURY, <i>O. Plumb</i> .	WOODBURY, Charles H. Webb.
<i>Lakesville</i> , Benjamin Welch, Jr., Wm. M. Knight.	
NEW HARTFORD, <i>South</i> , — Barber.	

MIDDLESEX COUNTY.

M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Franklin Woodruff, Elisha B. Nye, George W. Burke, Miner C. Hazen.	DURHAM, Benjamin M. Fowler.
CHATHAM, <i>East Hampton</i> , Francis G. Edgerton.	EAST HADDAM, <i>Asa M. Holt</i> , <i>Datus Williams</i> .
<i>Middle Haddam</i> , A. B. Worthington.	HADDAM, Edwin Bidwell.
CHESTER, S. W. Turner.	<i>Higganum</i> , William H. Tremaine.
CLINTON, Denison H. Hubbard.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
CROMWELL, Ira Hutchinson.	SAYBROOK, <i>Asa H. King</i> .
	<i>Deep River</i> , Rufus Baker.
	OLD SAYBROOK, <i>Essex</i> , Alexander H. Hough, Frederick W. Shepard.

TOLLAND COUNTY.

ORSON WOOD, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, <i>Ahijah Ladd</i> , Oliver K. Isham, Gilbert H. Preston.	<i>Eagleville</i> , Edwin G. Sumner.
BOLTON, Charles F. Sumner.	<i>South Mansfield</i> , <i>Earl Swift</i> .
COLUMBIA, Harrison McIntosh.	SOMERS, <i>Orson Wood</i> , Erasmus E. Hamilton.
COVENTRY, <i>North</i> , <i>Eleazer Hunt</i> .	STAFFORD, <i>East</i> , William N. Clark, Eleazer S. Beebe.
<i>So. Coventry</i> , T. Dimock, H. S. Dean.	<i>Stafford, West</i> , Joshua C. Blodgett.
ELLINGTON, <i>Allen Hyde</i> , <i>Horatio Dow</i> , J. H. Manning.	UNION, E. Linsley.
HEBRON, <i>JOHN S. PETERS</i> , Orrin C. White, Elijah A. Woodward.	VERNON, John B. Lewis.
MANSFIELD, <i>North</i> , <i>Norman Brigham</i> , W. H. Richardson.	<i>Rockville</i> , M. M. Frizzle, Alden Skinner.
	WILLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1855, WITH THE
DEATHS IN THE YEAR ENDING APRIL 1, 1855.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	78	6	84	2
New Haven County,	71	11	82	1
New London County,	36	11	47	3
Fairfield County,	21	7	28	0
Windham County,	31	5	36	1
Litchfield County,	39	4	43	2
Middlesex County,	22	2	24	0
Tolland County,	20	8	28	0
Total,	318	54	372	9

NOTE. Former Fellows of the Connecticut Medical Society, are *permanent members* of the annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the By-Laws, to be present at all meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1855,
WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County. Ralph Carter, of Glastenbury, aged 64 years. Disease, Softening of the Brain. George Sumner, of Hartford, aged 61. Disease, Softening of the Brain.

New Haven County. Anson Moody, of New Haven, aged 63, of Typhus Fever.

New London County. Avery Downer, of Preston, aged 93 years, of Old Age. Thomas P. Wattles, of North Stonington, of Disease of the Heart, aged 54. John Noyes, of Lyme, aged 40, of Consumption.

Windham County. Horace Burgess, of Moosup, of Dysentery, aged —.

Litchfield County. Samuel Buel, of Litchfield, aged 72, of Consumption. Johnson C. Hatch, of Kent, aged 63, accidentally drowned in Housatonic river.

DUTIES OF CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes, and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages and diseases of the members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
1794. Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
1795. Dr. Thaddeus Betts, on the Different Species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
1796. Dr. Lewis Collins, on the most eligible mode of increasing
Medical Knowledge in this State.
1796. Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
1798. Dr. Jared Potter, "An Essay."
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight, on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainard.
1827. Dr. Samuel B. Woodward, on the Biography of the Physi-
cians of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental Qualifications necessary
to a Physician.

- 1840. Dr. Richard Warner, on the Advantages of prompt and efficient practice in Acute Diseases.
- 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical Jurisprudence.
- 1842. Dr. Charles Woodward, on Uterine Irritation.
- 1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
- 1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the reasons that it is not awarded by the Community.
- 1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
- 1846. Dr. Theodore Sill, Observations on Typhus Fever.
- 1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
- 1848. Dr. B. F. Barker, Remarks on some forms of disease of the Cervix Uteri.
- 1849. Dr. Alvan Talcott, on Hygiene.
- 1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
- 1851. Dr. George Sumner, on the Early Physicians of Connecticut.
- 1853. Dr. Rufus Blakeman, Early Physicians of Fairfield County.
- 1853. Dr. Samuel Beach, on Popularizing Medicine.
- 1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.
- 1855. Dr. Stephen G. Hubbard, on Registration, as the basis of Moral Reform.

APPENDIX.

Report of the Annual Examination of the Medical Institution of Yale College, for the year 1855.

THE Board of Examiners convened on Wednesday, January 10, and continued in session two days. Present, on the part of the Connecticut Medical Society:

William H. Cogswell, M. D., of Plainfield, President.

Josiah G. Beckwith, M. D., of Litchfield.

Lewis Williams, M. D., of Pomfret.

John D. Ford, M. D., of Norwich.

William W. Welch, M. D., of Norfolk.

And, on the part of Yale College, Professors J. Knight, T. P. Beers, C. Hooker, H. Bronson, W. Hooker, and B. Silliman, Jr.

Ten candidates were examined, and recommended for the degree of Doctor in Medicine, viz.:

1. Edward Henry Bartlett, Matanzas, Cuba, on "Hernia."
2. Henry Davis, Oxford, on "Scarlatina."
3. Hobart Keese, New Haven, on "Blood-letting."
4. Walter Seward Munger, Madison, on "Apoplexy."
5. Samuel Curtis Robinson, B. A., Guilford, on "Pneumonia."
6. Henry Putnam Stearns, B. A., Shrewsbury, Mass., on "Inflammation."
7. George Washington Strong, Bolton, on "Ophthalmia."
8. Edwin George Sumner, Tolland, on "Typhoid Fever."
9. William Henry Trowbridge, Stamford, on "Saturnine Poisons."
10. Lucian Sumner Wilcox, B. A., West Granby, "The Valedictory Address."

The Commencement Exercises, on Thursday evening, were attended by a large audience of ladies and gentlemen, in the Medical College.

The Valedictory Address was given by Dr. Lucian Sumner Wilcox, of the Graduating Class; and the Annual Address to the Candidates, by Hanford N. Bennett, of Bridgeport, in behalf of the Board of Examiners; after which the Degrees were conferred by President Woolsey.

Benjamin H. Catlin, M. D., of Meriden, and John D. Ford, M. D., of Norwich, were appointed to give the Annual Addresses to the candidates in 1856 and 1857.

William W. Welch, M. D., of Norfolk, was appointed to report the proceedings of the board to the President and Fellows of the Connecticut Medical Society.

Adjourned to meet on Wednesday, July 25th, the day before the Commencement in Yale College.

CHARLES HOOKER, *Secretary*.

CIRCULAR OF THE HARTFORD COUNTY MEDICAL SOCIETY.*

HARTFORD, January 12th, 1854.

DEAR SIR:

At a meeting of the Hartford County Medical Society, held in this city, October 13th, 1853, a committee was appointed to collect materials for a Sanitary Report of this County. It is for this object that we now address you, and request your assistance in that measure. You will readily see how desirable it is that a sanitary history of each town in the County should be obtained, which can only be accomplished by the personal contributions of each Physician. Do we ask too much of you when we present the following questions for your serious attention, answering such as you may be able, and adding such remarks or information as will make the history more complete?

A Medical History of your Town is what we especially want: this you can furnish yourself, or you can do it upon conference with your brethren, *but do not wait for any one else* to communicate such information as we ought to possess.

The questions are selected from those recommended by the General Board of Health of Massachusetts, and are thought to be sufficiently comprehensive, but you are desired to communicate any information not reached by these.

As members of a body of learned men, claiming to be scientific in character and pursuits, we owe something to the public as well as to ourselves. You can see, my dear sir, that if we enter into this matter with spirit, we can bring together a mass of information that can be obtained in no other way, and which will be of immense importance. The concerted action of so many minds will develop many valuable facts, and will enable us more faithfully to fulfill our duty, not only of curing disease, but as much as possible of preventing it.

May we then present this subject of a Sanitary History of our County to your earnest attention, and request that your communications be sent to the Chairman of this Committee by the middle of March next, so that a Report may be prepared for our County Meeting in April.

GURDON W. RUSSELL,	} Committee.
A. S. WARNER,	
G. A. MOODY,	
HORACE C. GILLETTE,	
OLIVER B. GRIGGS,	

* Intended to be brought before the Convention, but having been omitted by accident, it is now [1864] published, by request, for the consideration of the State Medical Society.

INQUIRIES RELATING TO THE HEALTH, SICKNESS AND MORTALITY OF THE
INHABITANTS.

1. What is the general character and condition of the town, whether healthy or unhealthy? What is the state of the most unhealthy parts, or where the highest rate of mortality is supposed to occur? What are the causes usually assigned for such mortality?

2. Have cases of fever, dysentery, or other epidemic, endemic, or contagious disease, or others of fatal character, been of frequent or rare occurrence? Have they been mild or malignant, and under what circumstances or causes have they occurred?

3. What was the aggregate annual amount of sickness suffered in different parts of the town, and among families and persons of different classes and occupations?

4. Please to give from the most authentic sources within your power, the sanitary history and condition of the town in past years, specifying the healthy and sickly years, and the number of deaths, and causes of such sickness and deaths that happened in each.

5. State the *atmospheric causes of disease*. In what kind of weather and season, hot or cold, wet or dry, changeable or steady, or otherwise, did the diseases of different kinds occur? Whether on a hill, plain, or a valley, exposed or protected from north, south, east and west winds? or in places subject to fogs or early frosts? and whether in a general epidemic or healthy season? Were there any peculiar circumstances observed in the appearance of insects, fish, or other animal life? or in vegetable productions? or in the electric or atmospheric phenomena? What other atmospheric cause occurred?

6. State the *local cause of disease*. Was it near to or distant from running water? or in the vicinity of marsh, bogs, low lands, drained or undrained, sometimes overflowed, sometimes dry; near stagnant water; natural or artificial mill or other ponds, constantly or occasionally full? or near other sources of malaria? Was it near any vegetable or animal matter in a state of decomposition; or other filth, impurities, or noxious exhalations, or unwholesome endemic influence, or contagious disease of any kind? Was the house or houses, in which different diseases occurred, unduly crowded or otherwise? properly lighted, warmed, and ventilated? supplied with pure water? Were the springs and wells high or low? State any other local cause.

7. State the *personal causes of disease*. Whether the persons or families were natives of the town, or of other parts of the United States, or foreigners, or children of foreigners. If not natives, how long resident in the town, or in their particular place of abode. What was the profession or occupation of the head of the family in which sickness or death occurred, or of the person, if over fifteen years of age? What was his hereditary or acquired constitution? What were the means of subsistence of the family, whether ample, moderate, or poor? Did they own or rent the house in which they lived? Were they industrious in their habits, cleanly in their persons and habitations, temperate and prudent in their diet and mode of living, or otherwise? Had their previous general health been

good? or had they been exposed to personal contagion? Was the cause accidental or otherwise? State any other personal cause.

8. In your opinion, what proportion of the sickness and mortality of the town might be prevented if the causes of disease were known, and the laws of health were understood and obeyed?

Conclusions and Recommendations suggested by the Facts elicited.

9. What inferences do you draw, what deductions do you make, or what conclusions do you derive, from the facts elicited? What suggestions would you make, or what measures would you propose or recommend, either municipal, social, or personal, to improve the sanitary condition of the town or its inhabitants? Please to specify measures and remedies; and suggest a mode by which they may be practically applied, and successfully carried into execution.

RESOLUTIONS PASSED BY HARTFORD COUNTY MEDICAL SOCIETY, RELATING TO DRUGGISTS AND APOTHECARIES.

Whereas, It has long been known, and witnessed with much regret, by the physicians of this county, that the business of the Druggist and Apothecary has been, and is now chiefly in the hands of those who have never been prepared, by a suitable scientific training, for their work; and that most, if not all of them are actively engaged, as agents or otherwise, in the sale of the various forms of Patent or Quack Medicines in vogue, apparently without a thought of the gross impropriety of it, and of the grievous wrong almost of necessity done to the ignorant purchaser of these secret and often dangerous compounds;—and

Whereas, Systematic, and well considered efforts are now making by the American Pharmaceutical Association, to remove the evils necessarily growing out of the existing state of their calling; therefore,

Resolved, That this Society are of the opinion, that sufficient preliminary education is not required on the part of those who propose to become Druggists and Apothecaries; that the business is pursued quite too much as a mere trade, and in the spirit of gain, to subserve, as it should do, the great interests with which it is associated; and that we will use our influence, in all suitable methods, steadily and perseveringly, to encourage only those who are found to be properly qualified for the discharge of their appropriate duties, and pursue their calling upon principles, which both honesty and the interests of humanity alike require.

Resolved, That this Society has heard with much satisfaction of the organization of the "*American Pharmaceutical Association*," approves of its principles, and will cordially co-operate with it in its laudable endeavors "to advance a Pharmaceutical knowledge, and elevate the professional character of Apothecaries and Druggists in the United States."

Resolved, That this Society earnestly recommends to the Druggists and Apothecaries throughout our State, to form among themselves Pharmaceutical Societies, such as will enable them to co-operate more efficiently in the accomplishment of the objects of the National Pharmaceutical Association.

Resolved, That our Fellows be instructed to present the foregoing resolutions to the State Medical Society, for its approval and adoption; and request that such means be taken to bring the action of the Society to the notice, both of the National Association, and of the Druggists and Apothecaries of our State, as may be deemed expedient.

Attest,

W. R. BROWNELL,
Clerk of Hartford County Medical Society.

HARTFORD, April 15, 1855.



Sanitary Reports from Hartford County.

REPORT FROM HARTFORD ON THE TOPOGRAPHY AND HYGIENE.

BY GURDON W. RUSSELL, M. D.

LAST year, and the year previous, a committee, composed of five individuals residing in different portions of the county, were appointed to procure materials for a sanitary report. They issued a circular, containing certain questions asking for information. This circular was published with the proceedings of the State Medical Convention in 1854, and has therefore been presented to every member of the society throughout the State. Although many in this county have not responded to the call upon them, yet a few returns have been sent in, and thus a commencement has begun. This whole matter of Public Hygiene, and the importance of digesting the mortuary record of each town, is recommended to the considerate attention of the county societies. If those bodies will appoint a committee who will act energetically, a collection of facts and observations will be elicited, which in a short time will be of immense benefit.

And why should not these returns, or an abstract of them, be published each year with the Proceedings of the Convention? To no better purpose can the funds of the Society be devoted. An improvement in the character of the Proceedings has been manifested within a few years; but much might still be added to them. Not long since a few pages comprised the whole matter, and this was little else than a dry routine of the appointment of officers and committees. The day is past for all this, and if we expect to bring into our numbers the active, energetic minds of the day, or to hold those even who now are amongst us, we must present something more than a dull matter of legislation. One great reason why we have so

many who are bound to the Society by a slender thread, is this, that they think they receive little benefit from it in return for the sum with which they are annually taxed. Let such be presented with a volume of Transactions every year, composed of Addresses, Essays read before County Meetings, and matters relating to Hygiene, and you will give them something which they can appreciate, something which is tangible, something of value in return for their tax.

And after all too, it is of no credit to us, that as a Society, we have been in existence since 1792, and have not yet issued a volume of Transactions. Others, of many less years' existence than our own, have done far better than this, and as professional men we should do something to show that we are interested in all matters of science.

With these remarks to the brethren throughout the State, I proceeded to speak of matters relating to my own town.

Dr. Wilson was requested to prepare the tables of mortality for eight years past. This he has done, principally from the records of the Hartford Medical Society, which are, however, necessarily imperfect, as the information has been derived from no returns, except for the two last years, but only from the knowledge which the members of our body might have, or sometimes upon indefinite report. The limits also, with the above exception, have not been exactly defined; they have not embraced the whole town, but have probably included a population of about seventeen thousand souls. To those tables he has appended certain remarks, explanatory of their character, and there is also added a map showing the state of the temperature for the term of twenty months, prepared by Prof. Brocklesby, of Trinity College.

I have confined myself principally to the topography of the town, and to remarks upon matters relating to the Public Health.

HARTFORD.

The general Hygienic character and condition of the town is one of healthiness. There are no large marshes, or standing pools or bodies of water near by, to cause pernicious exhalations, and the ground is generally considerably elevated above the river. Main street is perhaps fifty feet above low water mark. A ridge or plain just about this level runs north to Windsor, and the elevation is not much less toward the south to Wethersfield. As you proceed west the ground rises, to the height of about 118 feet on Lord's Hill, and extends with a gradual elevation, alternated with

hill and dale to Talcott mountain. The soil is exceedingly varied, and occasionally there will be met a heavy stiff clay, and yellow sand, within the distance of a few rods. Generally speaking, in the immediate vicinity of the city it might be termed a clayey loam. At the south the clay predominates; to the north, there is more sand; to the west and north-west a mixture of clay and gravel.

It is not necessary to say anything more now concerning the bodies of water in the town, than to mention that the Connecticut river forms its eastern boundary, and that Mill river runs through its western and middle portion. I do not know that the latter can be said to have any special influence in the production of diseases. Taking its rise in Talcott mountain, it forms a stream of small size, soon raised by sudden and heavy rains, and from its shortness soon subsiding. Upon it and its branches there are numerous mills of different characters. The accompanying dams of course cause the water to set back for some distance, but in most instances this is but small, and generally is constantly overflowed. It might be mentioned however, that in the summer months, this stream is so poorly supplied that the mills can be operated but a part of the time, and as a consequence, even within the city, there are portions which are daily flooded and daily exposed to the influences of the sun. The exhalations are perceptible to the senses, but without being able to give any precise data upon the subject, I can not recall to mind any perceptible injurious influence originating from them. The increasing number of sewers and drains emptying into it, however, with privies immediately over its banks, would seem to demand that a quick outlet should be insisted upon for their discharge into Connecticut river.

The water of the town is usually what is called "hard," that is, it is heavily charged with different saline substances, of which those of lime may be said to predominate. A careful analysis was made of the waters of several wells, some years since by Buckland W. Bull, which showed a great difference in the solid constituents, but perhaps did not show a larger amount of organic matter than would be found in most cities. The well water is generally distasteful to those accustomed to the use of soft water, and in some instances has been known to produce nausea and vomiting, and in others purging; though only in a few very rare cases have these continued for a great length of time. The taste is very much a matter of culture; the natives generally preferring their hard water if it can be obtained

free from organic matter, whilst strangers who have drank "soft" water, at first dislike it, but are soon accustomed to its use.

Now water so heavily charged as this is known to be, might be supposed to be active in producing calculous affections, but these diseases are very rare here or in this vicinity. What is termed "gravel," however, is not decidedly uncommon; but does not generally induce much suffering or permanent disease.

The natural advantages of the town for drainage are excellent; the rivers afford convenient places for the discharge of water and impurities, and as but a small portion of the town is an unbroken level, being divided by hills and frequent descents, brooks and gullies, a rapid discharge of rain, sewers and drains is easily afforded. With such advantages there should be no excuse for standing water, or impurities of any kind; in almost every place the descent is near, and convenient, and if there is the will, all nuisances can be easily conveyed to a distance. In the city, within a few years, much attention has been paid to sewerage, and probably three and one-half miles have been constructed. These discharge into the waters near the city, and have already been of great utility. From the close and clayey nature of our soil, drainage is absolutely necessary for our buildings; most cellars that are not drained are damp, and some are periodically flooded. Hence this matter has lately been considered an important one, and in digging a cellar a drain is first to be provided. The old houses both in the city and town are not so well cared for, and it is feared that out of the city the matter is not now regarded as being one of much importance. But it is not as affording drains for buildings alone that sewers are beneficial; they are and should be outlets for the dirty water from the washroom and kitchen, barns and pig-sties; if these are not carried under ground and discharged at a distance, why they must remain in our streets, to evaporate, or be diluted by rains to run their whole length, or what is equally objectionable, to run into gardens, when the soil becomes soaked, and in the course of years charged with noisome matter. There is but one thing to be done, and that is imperatively demanded, both as affording great convenience and safety as regards health; this is a system of sewerage, extending over the whole city, and built as such works which are intended for years should be built, deep enough, large enough, and permanent in character, for present and future wants.

As all know, the Connecticut river is subject to periodical freshets, occurring in the spring, when the water rises from fifteen to twenty-

five feet above low-water mark. The meadows and low lands, north and south, are then overflowed, and sometimes remain so for three weeks. At this season, there is usually a prevalence of northerly and easterly winds, and with the dampness arising from so large a body of water, extended over so large a portion of the valley, there is a preponderance of catarrhal affections. When the freshet has continued late into May, with hot weather following its subsidence, it has appeared to me and to some of my professional brethren, that an influence has existed producing affections of the mucous membranes of the bowels, near the river.

In May, 1854, we had the highest freshet within the memory of any one now living, and although houses were rendered almost untenable for a time, and exceedingly damp and cold for many weeks, yet beyond such influenzas, and attacks of rheumatism, as might be expected, I do not know that it caused serious disease. In some respects it was a positive benefit, for it effectually removed all filth within its reach, and, for once in a year, certain portions of our city were rendered tolerably cleanly. Years ago, it was the opinion of physicians residing here, that these freshets were not injurious to health, but, on the contrary, were beneficial, by washing away impurities.

There are parts of the town certainly more unhealthy than others. Mill street and its immediate vicinity, is one; Commerce street and Front street, with the lands immediately east, are others. That there is more than the usual amount of sickness in these localities, has become well established in the opinion of physicians, and that there is more than the common proportion of deaths here, our records show. The land east of Main street, descends to the river, pretty rapidly until Front street is reached, when the descent is very gradual. Between Front street and the river there is, in many places, a bason, or hollow, caused by raising Commerce street, so that water has stood here longer than elsewhere, when overflowed. By the filling up of Charles street and a sewer, this has been partially remedied, and when this bason has been raised to a level with Front street, the whole vicinity will be rendered more healthy. It was in the neighborhood of Charles street that a large proportion of the cases of Cholera occurred in 1849, and typhus and other diseases of the zimotic class have been observed to be more prevalent here.

During the months of August and September last, the Asiatic

Cholera prevailed to an extent by no means great, but beyond our expectations. Although cases occurred all over the city, still the principal localities were; Albany street as far west as Chestnut street, the region in the vicinity of the Great Bridge in Commerce street, Morgan and Commerce street, Mill street, a narrow locality near Imlay's mills, and Market street, near the City Hall Market. It is not a little remarkable, that these localities were occupied by a portion of our foreign population, mostly Irish, and that among all of the deaths which occurred, amounting perhaps to eighty or ninety, or, as some think, even more, but two or three only were natives of this country. In Albany street, four died in one family; and as many, also, were attacked in one house near Imlay's mills; in Market street, seven or eight died in one house; and in one block, near the bridge, there were twelve or fifteen cases.

Now the reasons why these localities were so strongly marked above others in the city, and why this population were oftener seized than others, ought to be obvious, and it is so. The reasons are evident.

First, The tenements which they occupy, are usually old buildings, poorly constructed, badly supplied with water, and other necessities, with small rooms, crowded with inmates far beyond any reasonable capacity.

Secondly, The social habits of the people which lead them to congregate together, with no very extensive notions of personal cleanliness, and very little idea of the necessity of cleanliness in or about the house.

Thirdly, The very imperfect drainage about their dwellings, and small provision made by landlords for the comfort of their tenants, which comforts, however, the tenants themselves very likely would not use, so fixed are their habits and modes of living.

Any one who passes by these places, and examines their appearances, will be enabled readily to account for so much disease. When filth of all kinds is allowed to be thrown in the gutter, or street, or into back yards, to be exposed to the influence of the sun and rains, and when there are fifty people in one house, when there should only be ten, it is easy to see that disease must pretty surely follow. When we add to this an almost total disregard of caution in diet, we have reasons enough to predict where zymotic diseases will mostly prevail, and when they do prevail, will pretty surely prove to be fatal. The very fact that almost every case of Cholera in this city, the last year, occurred in these crowded and filthy localities, among a certain class

of our population, shows that the predisposing and active causes were those above mentioned, such as should not be allowed, and should be removed by proper hygienic regulations.

As early as in April last, I noticed the very filthy condition of a part of Albany street. After a rain, the water was standing in black, filthy puddles; in some places, privies and pig-sties were discharging their contents into open gutters, which slowly drained their contents, or did not drain them at all. The wash and garbage from the houses, were thrown into the street, or in yards near the houses, and as warm weather approached, the whole mass was slowly evaporated under a summer's sun. The atmosphere about these dwellings and their immediate vicinity, was sickening; a disagreeable odor was very noticeable; and the noisome exhalations fitted all who breathed them, for disease, when it should appear. This is only a fair example of other places in the city, where as prominent causes of disease existed, and where as fatal results surely followed.

The active agents then being so plain, the remedies are equally so. We must insist, as medical men, the guardians of the public health, that buildings should not be over-crowded, that they should be properly ventilated, and provided with necessary comforts, and that neatness should be preserved around them and in the streets. A proper sewerage, and abundance of water, will afford no reasons for a neglect of these duties; the time has come when we must insist that these spots upon our city shall be removed; with natural advantages for drainage beyond those of most places, there can be no excuse for the evaporation of filth in the open air, and with an abundance of water soon to be introduced, cleanliness should become, as a matter of course, one of the cardinal virtues.

Some may imagine, because I have dwelt thus much upon these points, that this city is particularly remarkable for its filthy localities. It is not so; they are to be found here, however, just as they are to be found everywhere, where a population with few ideas of neatness, are crowded together. Generally our city is remarkably healthy, and may be regarded as exempt from any prevailing special diseases. In this respect it will compare favorably with others, and proper hygienic regulations are only needed to render it second to none in New England.

Other than the above, it is not known that there are any great nuisances, or special causes of disease. The slaughter-houses are beyond the city limits, and are not known to have produced sickness. The process of tanning is but little carried on. Many years

since it was of considerable extent, and I well recollect the noisome smells that pervaded a part of Elm street, but I never heard that these were deleterious. The business of manufacturing is increasing in the town, and is now carried on to a large extent; this changes the character of the people, of course, but it is not my opinion, nor have I heard, that any occupation was thought to be specially unhealthy.

Our streets and roads are of fair width, but it would be better if they were wider; the regulation which places the width of every new street at not less than forty feet, should be changed to sixty at the least; eighty would be better. These are matters for future years, as well as the present. It is a poor economy which offers for sale fine building lots situated upon a narrow street, the lots themselves will bring an increased price if upon a fine, broad, open avenue, so that no money is lost by this operation; and further, land is not so valuable, or should not be, as to render the city more compact than it already is. But beyond this, and above this matter of dollars and cents, is its propriety as affecting the public health; this should be paramount to all pecuniary considerations, and direct reference should be had to it in all matters of city legislation. When the air flows freely through a town, diluting and carrying away noxious matters, then there will be not only more of comfort to the inhabitants, but less of sickness also, and whatever adds to the health and comfort of a people, and correspondingly diminishes sickness and mortality, adds to their pecuniary prosperity. So well is this understood, and so thoroughly has it been elucidated by political economists, that other things being equal, those countries are considered as being most prosperous that are the most healthy. This subject of broad streets is so well understood, both as conducing to the health and beauty of a city, that we find them so laid out in places just springing into existence, and in those towns where rapid growth has demanded an enlargement. Soon they will be lined with buildings, and then, more than now, the importance of broad avenues will be appreciated, as affording free circulation of air, and letting in the light of the sun. This light of the sun exercises an important influence upon our feelings and health; it is feared that it is not fully appreciated in the location of our dwellings. Of course, in a city, every one can not choose his position, but whenever this can be done, such an arrangement should be made as will give the common living rooms the full benefit of its light and heat. There is plenty of evidence, if any were wanting, to show that there is less of sickness where the sun

shines fully, as well as that the sick recover sooner when within reach of its influence.

It is a matter of congratulation that the city is soon to be supplied with an abundance of pure water, from the Connecticut. This was rendered necessary, not only by the bad condition of many wells, the water being unpleasant, but also by the salts with which it was charged, rendering it unfit for the common purposes of washing. The cisterns for holding rain water, and with which most houses are supplied, partly remedied the difficulty, but as these were often dry, trouble and inconvenience were severely felt. The great blessings attending a bountiful supply of pure water to the whole city, will be better appreciated when our citizens become more acquainted with this luxury upon its introduction.

While cases of fever, dysentery, or other epidemic, endemic, or contagious diseases have not been unfrequent, it can not be said that at any time within many years there has been an epidemic of extensive character. In the winter of 1848, '49, Erysipelas prevailed to some extent, and though of a low type, was not very fatal. In the summer and autumn of 1849, dysentery and diarrhea were quite common, and there were many deaths. It was remarked at the time, that there were a larger proportion of cases occurring on the Windsor road, than in other parts of the town. In the next year, Lord's Hill was thought to be more affected than elsewhere. The disease here was also of a low type, as has been the case whenever any epidemic has extensively prevailed. From 1840 to 1843, Scarlatina was prevalent. Measles were very common about four years since, but were not very fatal. Small Pox has prevailed at several different periods within a few years. Typhus, or the Ship Fever has occurred in many instances, almost universally among recent immigrants, and in more than one instance, is known to have attacked the same individual more than once within a few months.

Without possessing any positive data upon the subject, it has been thought that diseases of the nervous system have been on the increase for the last twenty years. We all know how uncertain are mere opinions, formed from impressions made from time to time; but the opinions of many minds, upon the same subject, after many years' observation, are very apt to be correct. The causes operating to produce some of them are obvious enough; a greater luxuriousness in the modes of living; probably less exercise among the females; an increased activity of the mind from political and other excitements; a constant stream of literature of all kinds, with which

the town is flooded; highly heated and poorly ventilated apartments, inducing languor and debility,—these are enough to account for an increase in this class of diseases.

As to the causes of any epidemics we may have had, I don't know that anything further can be said. They can not be traced to any local cause operating exclusively in this vicinity, further than has been above stated. Nor can it be said that they have generally been fatal in their character. As has been remarked, when extensive, they have usually partaken of the typhoid type.

As to conclusions and recommendations, they can be shortly stated. Those places in the town that are the lowest, and most thickly crowded, have been found to be the most unhealthy; in these the ground should be raised to carry off rapidly all surplus water, and the drains from the house; the drains in no case should be allowed to terminate in gardens or alleys, or to empty themselves into the street. Privies should be frequently emptied, and never be allowed to run over. Pig-sties should be removed beyond the city limits, for whatever assistance or accommodation the keeping of pigs may be to some here, the benefit is in no way counterbalanced by the injury to the many that is likely to ensue. Let every well directed effort be made to preserve neatness about them, and still they will become nuisances. If the owners are obliged to keep them clean one week, they will neglect them the next, unless the health officer constantly watches them. Drains from barns, manufactories, dwellings, and all places liable to produce noisome smells, should be conducted into the public sewers, and thus be carried beyond any point of danger.

Certain restrictions should be made as to the occupancy of one dwelling by many families. All garbage should be removed daily, and for this purpose the city should provide proper means. No standing water should be permitted in alleys, streets, or gutters. For the object of free ventilation, all streets should be wide and straight, and beyond the business parts of the city, the building-line should be some feet back of the street-line. These, and other suggestions of like character, if carried out, would improve the sanitary condition of our town, and render it still more healthy than at present.

With regard to the diseases which have occurred during the past year, Dr. Wilson has spoken so fully that it is not necessary for me to make any further remarks, and I will close by urging upon the brethren the importance of paying more attention to matters of Hygiene. To a certain extent we are conservators of the public health, and to us the public look for information. Let us be prepared

at all times to point out that which may be necessary, and to speak out boldly when the opportunity offers. Our duty is to prevent as well as to cure, and is but half fulfilled if we neglect the former.

I can not but regret that so few returns have been received from the different towns in the county. The labor occupied in making them can not be onerous ; if but little can be said, let that little be said, and let every one aid in furnishing that information, which in the aggregate will give a true account of the health of the county. Your committee regret that so little has been done, but with thanks to those gentlemen who have presented their papers, would hope for better things another year. Our profession is not behind hand in any good work, and it is believed that it is only necessary for a beginning to be made, to accomplish much that is really useful.

HARTFORD, APRIL, 1855.

Additional reports of much interest were furnished by Dr. Griswold, of Rocky Hill, Dr. Gray, of Bloomfield, Dr. Case, of Granby, and Dr. Warner, of Wethersfield.

MORTUARY RECORD OF HARTFORD, FOR EIGHT YEARS, ENDING DEC. 31st, 1854.

BY MYRON W. WILSON, M. D.

	Total.	Males.	Females.	Sex unascertai'd.	Whites.	Colored.	Widowed.	Married.	Single.	Social condition unascertained.	Under 1 year.	1-5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	100
January,	178	79	86	11	168	10	23	64	89	2	20	20	14	8	6	27	24	29	8	16	12	4		
February,	189	87	83	9	182	7	20	43	122	4	26	44	7	6	5	26	17	12	6	14	10	10		
March,	208	116	86	6	200	8	16	65	111	16	24	27	13	3	4	30	27	20	8	14	7	4	2	
1st Quarter,	575	282	267	26	560	25	59	162	332	22	69	91	34	11	17	83	68	61	22	44	29	18	2	
April,	168	81	79	8	157	11	17	57	92	2	20	28	10	10	5	16	22	15	12	12	14	4		
May,	167	76	74	7	148	14	16	40	81	20	12	36	9	6	8	23	21	11	9	10	6	8		
June,	165	64	95	6	153	12	23	47	91	4	10	26	9	2	15	32	17	13	14	16	8	8		
2d Quarter,	490	221	245	21	453	37	56	144	264	26	48	84	28	17	28	71	60	39	34	37	27	10	0	
July,	225	128	95	7	222	8	21	47	142	15	34	55	14	3	4	17	19	20	5	8	11	6	1	
August,	349	156	176	17	323	16	32	74	226	18	65	88	19	7	16	32	35	14	24	16	20	5	1	
September,	280	150	131	9	283	7	26	72	175	18	48	67	16	8	14	26	32	12	21	21	9	4	1	
3d Quarter,	864	426	402	33	838	26	78	193	642	51	147	210	49	18	33	74	86	46	50	45	40	16	8	
October,	214	111	99	4	203	11	22	55	126	11	29	35	10	3	7	36	23	17	14	16	13	9	1	
November,	180	78	99	3	173	7	25	50	97	8	17	44	0	3	7	17	25	16	10	8	11	4		
December,	191	97	91	8	186	5	28	56	97	10	16	31	14	4	4	24	23	12	18	14	13	8		
4th Quarter,	586	286	289	10	562	28	76	161	320	29	61	110	24	10	18	77	71	46	42	37	37	21	1	
Total,	2514	1218	1206	90	2402	112	268	650	1458	128	320	495	185	66	96	306	256	191	148	163	133	64	6	

CLASS I.
Zimotic Diseases.

Cholera,
Cholera Infantum,
Croup,
Diarrhea,
Dysentery,
Erysipelas,
Fever Intermittent,
" Remittent,
" Typhus,
Hooping Cough,
Influenza,
Measles,
Scarlatina,
Small Pox,
Syphilis,
Thrush,

CLASS II.
Diseases of General or
uncertain seat.

Abscess,
Atrophy,
Cancer,
Debility,
Dropsy,
Gout,
Hemorrhage,
Infantile Diseases,
Inflammation,
Malformation,
Mortification,
Scrofula,
Sudden Death,
Tumor,

CLASS III.
Diseases of the Nervous
System.

Apoplexia,
Cephalitis,
Chorea,
Convulsions,
Delirium Tremens,
Epilepsy,
Hydrocephalus,
Insanity,
Paralysis,
Tetanus,
Brain &c., Diseases of,

CLASS IV.
Respiratory Organs.

Asthma,
Bronchitis,
Consumption,
Hydrothorax,
Laryngitis,

	1847.	1848.	1849.	1850.	1851.	1852.	1853.	1854.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
	54	58	171	80	163	123	76	113	838	44	46	38	25	40	45	109	206	121	79	42	43
Cholera,	1	2	22	2		2	1	50	80												
Cholera Infantum,	10	3	34	11	17	8	8	4	95												
Croup,	3	14	9	9	7	6	10	6	64	6	11	6	6	4	2	5	2				
Diarrhea,	5	2	9	2	4	4	3	8	37	2	2	2	1								
Dysentery,	5	13	53	19	68	46	11	10	225	2	1			3	1	26	106	49	29	4	4
Erysipelas,	3	4	11	6	2		6	3	34	6	7	10	1	3	1	2	1	1	1	1	
Fever Intermittent,																					
" Remittent,	17	2	18	23	26	24	23	22	154	17	10	7	7	10	15	12	13	16	16	17	15
" Typhus,	2		3	1	5	3	4	2	20	2		2	1	2	3	1	3	5		2	
Hooping Cough,	1	1	5					2	9	3	2	1								3	
Influenza,	3							27						7	5	7	7	1			
Measles,	3	13	1	3	3	30	10	6	69	6	9	8	5	6	6	13	2	2	4	3	6
Scarlatina,			4	5	4	7			21		4	1	2	3	5				1	1	3
Small Pox,	1				1			3					1				1				
Syphilis,																					
Thrush,																					
	17	16	14	16	23	27	25	39	177	14	15	14	14	10	6	11	22	20	30	15	7
Abscess,	2		2	2	1		1		8	1			3	1				1		1	
Atrophy,	3	5				5	7	9	36	3	3	1	2	1				5	7	4	
Cancer,		1		2	2	1	2	2	10				1		2			2			1
Debility,	2		2	2	2	5	5	16	1	1	2	4	2					2			
Dropsy,	5	7	6		3	3	3	6	33	3	3	1	1	2			3	4	5	6	8
Gout,								1	1											2	
Hemorrhage,	2				1		3	3	9	1	3	1		1				1		1	
Infantile Diseases,																					
Inflammation,			2	1	6	12	3	9	33	3	3	1	1	2			3	4	5	6	3
Malformation,						1			1											1	
Mortification,	3	2		2	1			8	1				1		1			1	2		1
Scrofula,				1	1	1		3					1		1				1		
Sudden Death,		1			1	4		4	10	1	1	3		1	1			1		2	1
Tumor,			2	1			1		5			2	1	1				1			
								4				1			1				1		
	35	32	48	34	44	38	31	54	316	35	42	24	26	18	16	16	29	28	19	28	35
Apoplexia,	8	5	12	8	6	5	3	10	57	4	8	5	11	4	2	1	5	7		4	6
Cephalitis,	1		5	4		4	2		16	2	1	2	1	2		1	1	2		1	3
Chorea,																					
Convulsions,	6	7	9	8	7	7	7	6	57	10	9	5	5	3	3	2	3	6	3	2	4
Delirium Tremens,	3	3	5	2	3	2	3		21	2	2	3				1	1	2	2	5	
Epilepsy,	1	1	1					2	5	1					1	2				1	
Hydrocephalus,	6	9	7	7	20	10	8	17	84	8	14	6	4	1	5	11	5	6	9	11	
Insanity,	2				3	4	3	9	21	2	2	1	1	2				2	3	4	3
Paralysis,			4		1	3	2	7	17	1	1		1		2	2	4	1	2	1	2
Tetanus,	1				1			1	3					1			1				
Brain &c., Diseases of,	7	7	5	4	4	3	3	2	35	5	4	2	2	3	2	2	3	4	3	3	1
	59	65	81	51	60	70	42	61	489	45	62	48	46	37	45	20	39	33	31	37	43
Asthma,						1		2	3					1		1		1			
Bronchitis,		1	1	3	2	2	2	2	13	2	3	2	3								3
Consumption,	36	42	54	32	43	52	30	42	331	26	38	24	23	24	37	15	38	27	23	27	29
Hydrothorax,		3					1		5		1	2									
Laryngitis,	2		2	1					5	2	1						1	1			

[illegible]

	1847.	1848.	1849.	1850.	1851.	1852.	1853.	1854.	Total.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
CLASS X. <i>Integumentary System.</i>			1		2	1	1	2	7	2	2	1			1						1
Fistula, Purpura, Ulcer, Diseases of Skin, Organs &c., Diseases of,			1	1		2	1				2	1				1					1
CLASS XI. <i>Old Age.</i>	7	7	14	12	14	14	9	9	86	4	8	7	6	4	8	12	7	11	7	4	7
CLASS XII. <i>External Causes.</i>	8	10	8	14	8	14	9	22	93	6	19	5	7	5	11	7	10	7	10	4	3
Burns and Scalds, Casualties, Drowned, Fractures, Intemperance, Poisoned, Suffocation, Suicide, Homicide, Sunstroke,	2 2 3	4 1 4	1 1 4	1 5 4	1 5 3	10 10 1	2 3 3	1 20 1	10 47 19	2 2 1	18 8	3	1	4	2	1	3	3	2	5	1
							2	1	3		1				2	1		1	1	2	
			1	2					3						1						
		2	1	2					5	1									2		
	1	1				1	2		5	1	1					2		1			
								2	2								2				
CLASS XIII. <i>Causes not specified.</i>	35	27	46	38	60	58	7	21	292												
CLASS XIV. <i>Still Born.</i>					6	14	12	9	41	3	3		2	14	5	3	2	3	3	1	2

I append a few remarks, in order to call attention to some of the more important facts in the foregoing tables.

The number of each sex, that have died in Hartford and its immediate vicinity, within the past eight years, is nearly equal. Leaving those whose sex was unascertained, out of the question, there were but twelve more males than females recorded among the deaths.

It is worthy of remark, that nearly one-third—815 out of 2,514—were under five years of age. This is a very large proportion, and it is doubtless due to the circumstance, that we have a large number of foreigners living in the city. Among the foreign population, births are more numerous than they are among natives, and the poverty and ignorance of the former render them less careful of their offspring.

Between the ages of five and ten, there were 135 deaths, almost equal to the number of deaths in the succeeding ten years, in which there were 152. From twenty to thirty, 305, and from thirty to forty, 285 died. Between the ages of twenty and sixty, there were

929 deaths. During this period the mind and body become developed to their utmost capacity and vigor. It is the active, useful epoch of life, and a large mortality during this period is particularly to be lamented. It cuts off the enterprising and vigorous producer, and entails great distress on hopeless orphans, and widows, and others who are more or less dependent on husband, father and children for support. As the individual is more able during this period of vigorous life to resist morbid influences, a large mortality is an evidence that some powerful agency pernicious to health and life is in active operation. It leads us to suspect a bad sanitary condition. We usually find, under such circumstances, that zymotic diseases prevail. And as zymotic diseases are largely under the control of man, in his individual and social character, it is well for every community to consider well if they are doing all that can be done to establish wise sanitary regulations, and for individuals to consider if they are pursuing such a course as will render such regulations effective in prolonging life.

This leads us to inquire into the prevalence of zymotic diseases as an indication of our sanitary condition. Within the eight years included in this report, there were 838 deaths from zymotic—one-third of the whole number. This class of diseases prevailed particularly in 1849 and 1851. In the former of these years 171, and in the latter 163 died of zymotics. It will be remembered that during these years, epidemics prevailed generally throughout New England. In the present state of our knowledge, it would not be true to say that a community could entirely protect itself from the ravages of such wide-spread epidemics. But it is true that it is within the power of society to make such regulations, and individuals to observe the laws of health so as greatly to diminish the number of deaths from prevailing epidemics. This is made more apparent when we reflect that such disease first attacks individuals whose vital power is diminished—such, for instance, as are under the influence of irregular and pernicious habits, who undergo great fatigue of body or mind, who are unduly exposed to great vicissitude of temperature and moisture, to pestilential effluvia, who have food bad in quality or defective in quantity, &c., &c. The prevalence of this class of disease in Hartford is not greater than in other cities of the same population; yet there is no doubt that the number of victims to such disease might be greatly diminished.

It will be observed, that in the third quarter of the year, the number of deaths were, by far, more numerous than in any other. There were 864 deaths, over a third of all deaths, occurred within the

three months, July, August and September. The fatal epidemics prevail more at this period than any other, which accounts for it.

Of consumption, there were 331 deaths. In February and August we find the greatest number of victims: there being 38 in each. In July, the smallest number occurred, there being only 15 recorded in that month.

It is probable that seasons of variable temperature and moisture have a larger influence in developing this disease, than this record would indicate. Consumption is a chronic disease, and when it is once fastened upon an individual, he would be less likely to expose himself to the influences of variable temperature and moisture, and his life would be more or less prolonged, according to the original vigor of the individual and the progress of the disease before he submitted to hygienic management. The months in which most consumptives die, then does not indicate the month in which most contract the disease.

Of *Pneumonia*, 19 occurred in March, and the same number in April. February 16, and January 14, May and December each 10. In September there were none.

The tables of moisture, and of the range of the thermometer that is herewith annexed, would not indicate that pneumonia prevailed more during a period of moisture or variable temperature than at other times. The table of moisture alluded to shows not the amount of moisture in the atmosphere, but the amount of water that fell during each month. There may be a damp atmosphere without any great fall of rain, and this is more frequently met with during the months of April, March, February and January, than in other months. In April, the thermometer shows a greater daily range, than in any other month.

On this record are found only 41 cases of still-born children. This is far below the truth. In the first four years, no record was made of still-born children, and they are far from accurate in the succeeding years.

In 292 cases of death, the cause of death was not specified. This number is large—by far too large. Yet it is encouraging to know, as we do from this table, that this defect is diminishing.

TABLE OF TEMPERATURE.*

The sum of the thermal oscillations for each month, the number of days of observation, and the mean daily variation for each month in the year, are given in this table.

	Whole am't of changes for each mo. in the year.	Whole am't of changes for each mo. in the year.	Whole am't of changes for each mo. in the year.	No. of days of observ- ation.	Whole am't of changes for each mo. during the whole time of observation.	Mean daily va- riation of thermom- eter.
	1847.	1848	1849.			
January,		392.15	328.74	55	720.89	13.107
February,		379.13		29	379.13	13.07
March,		445.80		30	415.80	14.86
April,	269.82	606.75		42	876.57	20.87
May,	596.19	446.50		62	1042.69	16.82
June,	431.98	476.35		60	908.33	15.139
July,	508.18	390.60		62	898.78	14.197
August,	432.96	489.82		62	922.78	14.883
September,	358.19	485.97		60	844.16	14.07
October,	534.90	462.87		62	997.77	16.093
November,	371.80	388.13		57	759.93	13.33
December,	305.85	345.84		62	651.69	10.51

The daily variation for one year, beginning on the first of January, 1848, and closing the first of January, 1849, was found to be 14.668° , and for the whole time embraced in this table, is 14.694° , differing, but (0.026) twenty-six thousandths of a degree from the whole time.

From this Table, it appears that the several months rate as follows in respect to their variability to temperature.

1. April.
2. May.
3. October.
4. June.
5. July.
6. August.
7. March.
8. September.
9. November.
10. January.
11. February.
12. December.

The first seven months of this list possess an average daily range above that of the entire year, and the remainder are more or less below.

The mean thermal oscillation for April, exceeds by more than six degrees that of the entire year, while December ranges a little over four degrees below.

* This is copied from Prof. Brocklesby's report on maximum and minimum range of the thermometer, in the Proceedings of the American Association for improvement in Science.

By dividing the year into four astronomical portions, marked by the solstices and equinoxes, and finding the mean of the oscillations of temperature belonging to each division, we obtain the following results for the year beginning the 22d of December, 1847, and ending the 22d of December, 1848.

From the winter solstice to the vernal equinox, the mean is 12.288°. From the vernal equinox to the summer solstice, the mean is 16.91°. From the summer solstice to the autumnal equinox, the mean is 14.66°. From the autumnal equinox to the winter solstice, the mean is 13.237°.

Throughout the range of the year, the average fluctuation of temperature is therefore greatest in the spring, *least* in the winter, and more in the summer than in the fall.

The most extensive diurnal variation within the period of time under review, is thirty-seven degrees and a half, and occurred on the 24th of December, 1848. On the 9th and 10th of April, of the same year, the oscillations of temperature were respectively thirty-five degrees and thirty-three and a third degrees; and in three other instances only, the range of the daily temperature exceeded thirty degrees. The least daily variation took place on the 25th of September, 1848, when the difference between the maximum and minimum, amounted only to one-twentieth part of a degree.

TABLE OF MOISTURE.

	1848.	1849.	1850.	1851.	1852.	Am't of rain that fell in each mo. for five years, 1848-1852 inc've.
	Inches.	Inches.	Inches.	Inches.	Inches.	
January,	2.49	0.86	6.05	2.55	5.06	17.01
February,	2.00	1.10	3.84	4.46	1.40	12.80
March,	3.12	5.60	2.71	1.79	4.85	18.07
April,	1.19	1.30	5.93	5.18	5.22	18.82
May,	5.40	4.23	7.10	4.00	1.85	22.58
June,	3.38	0.86	2.35	4.15	3.17	13.91
July,	2.85	4.89	4.60	2.12	2.67	17.13
August,	3.79	5.23	6.05	2.32	1.75	14.14
September,	1.70	2.93	6.90	1.52	1.40	14.45
October,	3.98	5.57	4.46	6.18	1.29	21.48
November,	4.96	4.51	2.53	5.04	6.76	23.80
December,	5.08	2.76	3.62	2.68	4.53	18.67
	39.94	39.84	56.14	41.99	39.95	

The average amount of water that fell in a year, was 43.77 inches. The only year that exceeded this average, was 1850, which exceeded the average by 12.37 inches.

The order in which the months stand with regard to the amount of water that fell, is as follows :

November, May, October, August, December, April, March, July, January, September, June and February.

The average amount of water that fell each month, was 18.15 inches.

In the months of November, May, October, August and December, more than the average amount fell ; and in March, July, January, September, June and February, less than the average fell..

Biographical Sketches.

JOHNSON C. HATCH, M. D., OF KENT.

DR. JOHNSON C. HATCH was born in Kent, Sept. 20, 1792, and died, by accidental drowning, August 24, 1854.

How brief is the record of the life of one truly eminent and good, and when eminently devoted to the ordinary duties of medical practice made still more so. Was space allowed for extended notices of the more worthy members of the society, the monotonous routine of his avocations, though of vital importance and taking deep hold of the heart, is so devoid of incident or novelty, and in the present instance, our time and opportunity to acquire the necessary information is so limited, as to render it hardly desirable.

With such advantages for a preparatory education as were afforded by his native town, and having extended these advantages to others in the capacity of teacher, he commenced the study of medicine under the direction of Dr. Wells Beardsley, in the spring of 1815, and afterwards, with Dr. Botsford, of Danbury, in Fairfield County. One summer of his pupilage was occupied in study and attendance upon Hospital practice in the city of New York. In the winter of 1818 and 1819 he attended a course of Lectures at the Medical Institution of Yale College, in New Haven, and at the termination of the course, and in accordance with the more common practice of the time, on examination, received License as Physician and Surgeon. In the spring of 1820, he entered upon the active duties of his profession in New Preston, a parish adjoining the town of Kent. After five years of successful practice, with the confidence of the community where he lived and a liberal share of patronage, and after his marriage, he again attended a course of Lectures in New Haven, and at the close received the degree of Doctor of Medicine. He then returned to New Preston, and continued in practice until

1837. Being now in infirm health, he determined upon removal to the State of Illinois, in the hope that the changes incident to the removal might be the means of his recovery. In this however he was disappointed, and after two years residence in Illinois, he returned to Kent. Here he gradually recovered and with returning health resumed professional duties, and continued here in full practice, until his death.

During the whole time of his practice he was a member of the Litchfield County Medical Society and placed a high estimate upon the advantages to the profession of our organization, and contributed largely to make the social gatherings of its members in the County meetings both agreeable and useful, and in turn, no one received stronger evidence of the respect in which he was held by the society. At one time he was its President, and he was often chosen a Fellow of the Connecticut Medical Society and was an honored and useful member of our Annual Conventions. By appointment of the Convention he in 1850 delivered the annual address.

He also aided in the formation of the American Medical Association, and twice attended its meetings as a delegate from Litchfield County Society, and was "Permanent Member" of the Association.

Dr. Hatch also filled various offices of honor and trust in the towns in which he lived. He was once a member of the Legislature of the State, and a Judge of Probate for several of the last years of his life.

Perhaps the most prominent trait in the character of Dr. Hatch, was candor and the perfect truthfulness of his aims, exhibited both in conversation and action. A man in whom truly there was no guile. Another prominent characteristic was earnestness in every laudable pursuit which engaged his attention. Avoiding, himself, the various artifices by which notoriety is too often unworthily sought, every attempt at deception or quackery resulting from either ignorance or more enlightened pretensions was necessarily held in perfect disgust. The earnestness and perseverance with which he sought to qualify himself for the responsible duties of his profession may be inferred from the fact, that at a time and in circumstances, when too many count themselves to have attained to the summit of their aspirations, or are so much absorbed by the cares of a laborious occupation that they suspend their efforts for further advancement except as it is attainable by observation in a routine mode of practice, he was seeking further instruction; and in the most busy periods of his life it is believed his habits of study in connection with practice never forsook him.

An intimate associate of Dr. Hatch, by many years his junior in practice, writes me as follows: "He was my principal counselor in cases of difficulty occurring in my practice in the direction in which he lived, and I remember with gratitude and esteem the kind, candid and respectful manner in which he uniformly treated me in our professional and social intercourse;" and again: "He was a true man to his friends and true to the trust reposed in him. Eminently social in his disposition, he loved and enjoyed the society of his friends and was the life of the social circles; he was universally loved and respected while living, and the sad event which so suddenly closed his earthly career in the midst of his usefulness, spread sadness and sorrow through the community."

GEORGE SUMNER, M. D.

BY E. K. HUNT, M. D.*

It has ever been the enlightened usage of civilized life, as it is the spontaneous desire of the heart, to preserve some record, more or less complete, of those who, having been distinguished for their usefulness, have ceased from their labors, and entered upon their reward.

As it is a dictate of our common humanity, it is equally so of reason, to perpetuate upon canvas, in enduring marble, upon the printed page, or in all those several methods, the recollection of great and good deeds performed, as illustrative of high character, of lofty virtue and self-devotion; that the living may behold in them and their authors, those acts, and those noble mental and moral endowments, which, varied by time and circumstances, may yet ennoble others, and call down upon those who well perform their part upon the stage of life, the blessings of those who survive, and have been the delighted witnesses as well as the grateful recipients of their benefactions.

Animated, doubtless, by considerations like these, this Society has directed, that a suitable Biography of their late associate, GEORGE

* This sketch is published as prepared for the Hartford Medical Society, by a vote of that body.

SUMNER, be prepared—and in executing this sad and truly melancholy task, it shall be my earnest endeavor to present you, as nearly as possible, in the limits appropriated to that purpose, the leading and characteristic features, as illustrated in his every-day life, of our departed brother.

In doing this, however, I shall not be expected to exhibit a life, abounding in thrilling incident or wonderful exploits; for these can never apply to that of the physician, whose chief labors, however important and exciting in themselves, are performed in the retirement of the sick chamber, and whose victories are those only, which are gained in a warfare against wretchedness and disease.

We learn from a very interesting paper, containing "Some details of personal history," *etc.*, read by him before this Society, that Dr. Sumner was born in Pomfret, December 13th, 1794, and was consequently at the date of his death, a little more than sixty-one years of age.

As he graduated at Yale College at the age of nineteen, there can be little doubt, that his previous life had been that of a diligent student; giving evidence of a sound constitution, a vigorous intellect, and unexceptionable habits. From a distinguished class-mate, however, who has long held a professorship in that excellent institution, we learn definitely, what might otherwise, perhaps, be considered to follow only as an inference, from the fact above named.

Says the professor, "Though not a man of tastes and talents as versatile as those of his room-mate and fellow-townsmen, who received the highest honors of his class, whatever he did, he did well, and as a mathematician, he was regarded by the members of his division, as second only to the valedictorian. I think it not unlikely that, with the same effort, he might have been quite equal to him; for he always seemed to me, to master difficult points of science with uncommon ease." In regard to his social qualities, says the professor, "Those familiar with our college dialect, will understand how much was meant by the phrase, always applied to Sumner,—He is the cleverest fellow in the class." His acknowledged talents commanded the respect of all, while his freedom from excessive ambition, and his perfect exemption from those unfortunate traits which usually accompany it, such as jealousy, envy and detraction, equally won their esteem. Such are some of the memories of a fellow-student and class-mate of our late associate; and those of us whose privilege it was to enjoy a familiar acquaintance with him, will not doubt the truthfulness of his recollections. His subsequent life,

indeed, but expanded and rendered more distinct, if possible, the characteristics thus early exhibited.

After completing his collegiate course, Dr. Sumner made choice of the profession of medicine, and commenced his preparatory studies, under the direction of the late Dr. Thomas Hubbard, afterward Professor of Surgery in the medical school at New Haven, with whom he spent two years. He then proceeded to Philadelphia, at that time the seat of the best medical school in the country—scarcely excelled even then, by those of Great Britain and France—where he passed the two following years in pursuing the study of medicine in its various departments; taking his diploma at the University of Pennsylvania.

It will doubtless be observed by the members of this Society, that with every preparation for making rapid advances in knowledge, Dr. Sumner spent four years—twice the time even now required at most medical schools for procuring a diploma—in preparatory studies, before taking his degree, and entering upon the practice of his profession. How much of his future reputation and success, depended upon the attainments made during this season of preparation, it may be difficult with certainty to determine—no member of this Society, however, will for a moment doubt, that with both they had much to do; increasing and exalting them both.

He chose the city of Providence, R. I., as his place of residence, shortly after taking his degree; but was soon called home, in consequence of the sickness of his father, whose death, after an unusually protracted illness, left the doctor once more at liberty to enter upon the practice of his profession.

He came here on the first day of January, 1819—more than thirty-six years ago, after being disappointed in finding an anticipated vacancy in a neighboring town, already occupied by a more active rival. In his own language, he “then decided to open an office in this city, and wait for business.” Had we time or space for comments, a few minutes might be profitably employed, in the consideration of this sentiment. Though it leaves us to infer that then, as now, there were quite as many physicians here as the wants of the inhabitants required, it indicates a rarer and far less common purpose, on the part of the candidate for practice. This, doubtless, resulted from that modest estimate of himself, that freedom from excessive ambition, that respect for the rights and feelings of others, which characterized him in earlier years, and made him willing to

take, without trenching upon the field or the income of others, such a share of business only, as might naturally fall in his way.

During the period of probation, which usually awaits the young aspirant for professional practice—one ordinarily of peculiar trial to the feelings, and often to the morals—our associate illustrated the incalculable value, not only of a cultivated mind and sound morals, but also of habits trained to steady and persistent application; and at once entered upon the systematic study of botany; making it both an amusement and employment. Let us examine for a moment, some of the results of this decision. One was—and it was doubtless the object which he had primarily before his mind—to familiarize him with the physical and therapeutic properties of our indigenous plants, by which he became enabled to make a profitable use of them, not only at such times as he deemed them most appropriate, but also on occasions when, for one reason or another, other articles of the same class could not be obtained, and to advise intelligently, when consulted as to the propriety of their use; circumstances which would serve to extend his usefulness, and impress inquirers with a favorable idea of his intelligence. It was, also, the means of his undertaking the preparation of an original work on his favorite branch—a neat volume of some three hundred pages, duodecimo, handsomely bound, and beautifully, and for that day, profusely illustrated. It was a work, undoubtedly, of merit, and so much esteemed by competent judges, that the request was on many occasions made, in after years, when a full professional practice rendered it impossible to comply, that the author should revise and publish a new edition of it. A farther consequence was, his appointment as Professor of Botany in Trinity College, an office which he filled for twenty years, or more; during many of which, he was accustomed to lecture on this interesting branch of collegiate study. Such were some—possibly by no means the most valuable—of the rich fruits of that precious time, devoted by him to a worthy object, instead of wasting it in idleness, dissipation, or light and trifling pursuits.

A little less than two years after commencing practice, Dr. Sumner married Miss Elizabeth Putnam, of Brooklyn, a lady who, by her accomplishments, uniform cheerfulness, kindness of heart, good sense, and energy of character, equally secured her husband's happiness and prosperity. Says his class-mate, whom I have previously quoted, "I saw Dr. Sumner at Hartford, soon after he had taken up his residence there, to practice his profession. He had recently married, and appeared exceedingly happy in his domestic

relations, and had already received tokens of respect and patronage from the citizens. I clearly remember, that my impressions, as I left him, were, that no one of our class, had entered upon the arena of life more auspiciously."

Mrs. Sumner died of apoplexy, about eleven years ago—an event which produced a profound impression—both physical and mental, upon her bereaved husband—from which he probably never recovered. It was one of the links, in a chain of morbid influences, which, united, produced the result we now so deeply deplore.

It is not to be supposed, that Dr. Sumner at any time after entering upon practice, neglected any suitable opportunity which offered, to engage in his chosen pursuit. As is true of most honorable candidates for practice, however, while at first, he found much leisure to pursue the study of those branches of science to which his tastes naturally led, he was not, probably, at any time, long without a patient on whom to exercise his skill, and familiarize himself with clinical duties; so that, at the period of his marriage, there is little doubt that he had attained a practice, extensive enough to occupy much of his time, though his income may not have been sufficient to furnish him with more than a limited support. Indeed, he made no secret of the fact, that his first years were years of restricted means, and not a little pecuniary embarrassment. As was the practice, at the time, of some other members of the profession, he added somewhat to his income, by receiving a few boarders into his family; and regretted, as he once said to a friend, that he had not longer continued to do so.

The preceding pages indicate some of the claims to public patronage, upon which Dr. Sumner could safely rely, in entering upon the more active duties of his profession. Not only—as we have seen—did he possess a decidedly superior order of intellect, enlarged and improved, by long, severe, and well directed study; much more than ordinary theoretical preparation for practice, habits of industry, which alone are almost a guarantee of success; but every faculty of his mind had been proportionately cultivated, and that needful balance, and symmetry in intellectual growth secured, which were ever predominant traits of his character. Even then, he rode no hobby; nor was he ever taken by a humbug, under whatever guise; nor by a superstition, however attractive or venerable. Whatever, indeed, offers itself for the consideration of a mind like his, is placed in its true and natural relations; and submitted to a calm, candid, discriminating test, which ever renders its decisions, uncommonly accurate and reliable. His taste, also, for whatever was beautiful, either in

nature or art, had even then, received much culture—exhibiting itself in a fondness for landscape scenery and horticulture; expanding, at a subsequent period, into a strong relish for architecture. In the former, we learn that his merits were early known and acknowledged; and the laying out of the grounds, the arrangement of the walks, the selection and disposal of the trees, shrubs and flowering-plants, which now render the vicinity of Trinity College so attractive and beautiful—a work mainly intrusted to him—is a proof, alike of the confidence of its trustees, and of his own ability.

His residence, where the choicest plants and flowers were always to be found in their utmost perfection, at a later day furnished abundant evidence both of his taste and skill in Horticulture. His numerous and valuable descriptive plates, well illustrate his interest in Architecture. Of these, he had several sets: the richest and most costly being those representing many of the finest Cathedrals, both of England and the Continent. We should naturally expect, that a mind so highly cultivated, vigorous and active, would seek, not only for information, but companionship, in books; and we find him possessed of a library, containing some three thousand volumes of choice works, both professional and miscellaneous, which he had gradually collected, as his inclinations suggested, or his necessities required. The department of *Materia Medica*, and those relating more strictly to the practice of Medicine, in its several branches, as distinguished from Surgery, were quite full, and embraced most, if not all the best authorities in the English language, until within a recent date. In early life, both Chemistry and Pharmacy were interesting objects of pursuit, which he prosecuted with much relish, and to a greater than ordinary extent; and many valuable volumes in each of these departments, adorned his library. Many of the best and most expensive works in Natural History, were also there; from whose pages, he had also doubtless enriched his mind. The department of Botany, contained the best authorities on the subject, many of them English; and procured with much pains, and at not a little expense.

Some of the most valuable standard literature, both in poetry and prose, most of it in the best editions, was also upon the shelves of his library. I discovered here also, many rare and valuable works in Theology, which the Doctor found time to study, both for the information they contained, and the moral benefit, he doubtless expected to derive. He was fond of biography, well drawn and accurate delineations of character; and while he gave little time, comparatively, to fictitious

writings, he read with much satisfaction, the best authors in this field of literature. Perhaps his only habitual reading, not directly applicable to his professional pursuits, were the English periodicals, for five of the principal of which, he was long a subscriber; Blackwood, from a date as far back as 1832. He was also, during the later years of his life, a delighted reader of the London Times, Spectator and Examiner, all edited with consummate ability, and replete with useful and interesting matter. Such is a brief sketch, both of the variety and character of the works which found a place in the library of our late associate, and when we call to mind his ever-pressing engagements, that he purchased only what he wished to read, and often to study, the extent of his Library, not less than the character of the works which he owned, furnishes a striking yet correct index, both of the activity of his mind, and his great industry.

On entering upon professional life, every Physician necessarily finds himself early forming relations, more or less intimate, to the brotherhood, both individually, and collectively, as in Societies and Associations. The social qualities of Dr. Sumner, at once placed him on terms of cordial good neighborhood with his professional brethren by whom he was surrounded. With some of the finest minds, and highest characters among his early cotemporaries, he was for years, on terms, most friendly and intimate. Nor can we doubt, from the elegant and affectionate tribute which he pays to the memory of some of the choicest of those noble spirits, that his own character and conduct were most favorably affected by this congenial intercourse.

He well understood, and early appreciated, the importance of medical organization; and was ever an active and valued member of our State, County and other societies. His activity, good sense, and superior attainments, early gave him influence, and in connection with others, enabled him to induce the Physicians throughout the State, to turn their thoughts to the subject of Insanity, and the best method of treating this malady. As the youngest member of the first committee ever formed to consider this interesting subject, he acted as Secretary; procuring statistical and other information, and maintaining an extensive correspondence with the Medical Faculty, throughout the State. The result of these endeavors, was the founding of the Retreat, the earliest institution established in this country, for the exclusive treatment of Insanity. Not only with its inception, but subsequently, and with every successive step in its growth, was Dr. Sumner identified, not more as one who took a deep and abiding interest in it, than as giving it his best thoughts,

and much valuable time; and I have certain means of knowing, that some of its most valuable improvements were the result of his suggestions. Probably no one, after the death of its first Superintendent, was more thoroughly informed as to the public sentiment, in relation to it, better understood the peculiar wants of the institution, or was more competent to give advice, wherever it was required, than himself. Indeed, immediately on the decease of Dr. Todd, he was unanimously elected to succeed him in that responsible position. Though he declined the honor conferred upon him, he continued to take a no less lively interest in whatever related to its welfare, and was a Director and Medical Visitor at the time of his death. His genial good nature, freedom from the slightest tinge of arrogance or conceit, the pleasure he manifested in listening to the opinions of others, and the respect he ever paid to them, the gentleness with which he corrected error and sustained the right, made him eminently instrumental in maintaining harmony, and giving interest and value, to the meetings of the Societies to which he belonged. His, however, was in no respect a negative character. While exceedingly tolerant toward the opinions of others, he was by no means without opinions of his own; which he was ever ready to express and maintain, but would cheerfully relinquish, if at any time they were shown to be unsound. Though the proceedings of our State Society, furnish abundant evidence of his frequent presence and activity on committees and otherwise, it was only a few years ago, that he accepted the office of President; on retiring from which, he favored its members with an invaluable contribution, in his valedictory address, on "The Early Physicians of Connecticut." It was a production of much research, and considerable valuable time was given to investigations, and careful inquiries, in relation to it; rendering it the highest authority on the subject which constituted his theme. It rescued also, from unmerited oblivion, the names, virtues, and leading characteristics, of many noble spirits, who went before us in the same career, and which the profession should not, for its own sake, permit to be forgotten. The records of our County Society, exhibit the same activity and interest, which characterized his relations to the State Society. He became a member, at its first meeting after commencing practice here, was soon appointed Clerk, and in April, 1821, read a dissertation on "The present state of Pharmacy," and in 1826 another, entitled "Materia Medica and Botany;" both showing the prevailing direction of his thoughts and professional predilections. The Hopkins Medical Association, designed to embrace

the best talent and acquirements of the County, though a few were admitted from beyond its limits, was another, more private and select organization, with which he was connected from its origin. Its meetings were held thrice annually, usually, though not always in this city. The individual experience of the members, the discussion of some subject previously fixed upon, the reading of one or more dissertations, and concluding with a supper, constituted the ordinary round of business. Its founders and early friends, having one by one passed away, and new members succeeded them, less ambitious of improvement, or rather preferring a different method of accomplishing similar results, the society languished, and was at length merged in another, now known as the Hartford Medical Society. With this, our lamented associate was connected, and was Chairman of the Committee which prepared the by-laws by which it is now governed. Until his failing health rendered it impossible for him to be present, he was a very constant attendant upon its meetings, which he honored by his presence, enlivened by his cheerfulness, and instructed by his wisdom and experience.

He also, in part represented our State Society, at the meeting which organized our National Association, which has already done, and is still doing, so much for the honor and usefulness of the profession. Both inclination, and repeated appointments, by the State or County Societies, induced him to attend several subsequent meetings of this body. On several previous occasions, it is known that he represented our State, by appointment, at meetings called to consider subjects, regarded as of national importance to the profession.

As is but too true of physicians generally, he was little accustomed to the use of the pen. Nevertheless, in the course of a long professional career circumstances at times required, that he should write considerably, and at frequent intervals, if not daily. Except as already indicated, however, it is not known that he ever engaged in writing, either for professional purposes or otherwise. His productions, both in early and in later life, were always characterized by richness and clearness of thought, and simplicity as well as brevity of language. At the same time, his style was terse and vigorous, and whatever came from his pen, was ever most welcome to his brethren.

Politically, he was neither a Whig nor a Democrat; still less did he sympathize with any of the numerous cliques and factions, into which, recently, the two great parties have become subdivided. So little was he governed in his preferences, by the leading or distinctive principles of either, that he was not unfrequently accusom-

ed to promise some one of either party, to him it mattered not which, whose predilections were strong, and who happened to be sick at the time of an exciting election, to go to the polls in his stead, and vote the ticket that his patient would have voted, had he been well. His dislike to party, originated, there is little doubt, in witnessing the tricks, shifts, and management, to which leading members of each, often had recourse, without the slightest reference to honesty or the public welfare, in order to accomplish their selfish ends; finding that men were often elected to high and responsible public stations, without the first qualification for them, except party fealty. It may with truth be said, that whenever he exercised the privilege of an elector, the consideration that controlled his vote, was the relative fitness of the candidates, for the office in question. So deeply did he feel this defect in the practical working of our political system, that for years he was accustomed to assert that he was tired of a republican form of government. He had seen enough of it; and as his tastes were English in their finish and simplicity, so were his political preferences English; and he was rather a monarchist than a republican; would have preferred to be a subject of her Majesty the Queen, than one of the sovereigns, under the administration of President Pierce.

Of Dr. Sumner, as a practitioner of Medicine, it becomes me to speak with diffidence. You all knew him, and can far better understand and appreciate him in this aspect, than it is in my power to describe him to you. Indeed, it is a satisfaction to me to remember, that wherein my descriptions may be erroneous or defective, the promptings of your own hearts, through your thorough knowledge of him, will set him right before your minds, and make amends for whatever mistakes it may be my misfortune to commit.

It has already been shown, that his academic and professional education, had been obtained under circumstances, eminently calculated to develop, expand and discipline, the faculties of his mind, and to secure to him an unusual share of elementary knowledge; every branch of study, being systematically pursued, and thoroughly mastered. Thus prepared, it may be fairly claimed, and will be cheerfully conceded, that he brought to the investigation of disease, the powers of a strong, highly cultivated, and well-balanced mind; that he studied with acutely discriminative care at the bed-side, the nature and seat of the maladies he was called to treat; that he formed a very reliable diagnosis, and applied his remedies with peculiar appropriateness and success. Had he possessed superior mental endowments, without the aids which education affords, to

discipline and direct their operations, he must of necessity have been constantly falling into errors, and far more likely to injure, than to benefit those who unfortunately fell into his hands. Had both of these even, been united, yet without the systematic and proportionate improvement of the faculties, it would have formed a very different character, more bold and impulsive probably, but far less safe and reliable. It was unquestionably, the large and proper cultivation of his intellectual and moral powers, that gave him his pre-eminence among medical men.

These must constitute indeed, the only worthy basis of true eminence. It is solid merit—merit that admits a close and searching scrutiny, into both character and conduct, that must ultimately fix the position of every man among his associates, the only competent tribunal, I may add, to which his claims can justly be brought. To this last, has it been my purpose to submit the case of our associate, and by the decision thus honorably procured, I am confident, we shall cheerfully abide. We all know, however, that neither acknowledged talents, and attainments of a high order—not even when associated with an unexceptionable character, will always procure for their possessor, that hold upon the confidence of families—of mothers and children—which is so desirable, and even necessary, to extensive usefulness and success. And it is precisely at this point, that so many, otherwise shining lights in the profession, frequently fail. They do not succeed in finding their way to the friendly and affectionate regards of those, upon whom, in seasons of sickness and distress, they are called to attend. There is a sort of partition-wall between the approving intellect, and the confiding heart, which they fail to pass; in consequence of which, the full measure of intimacy, and freedom of intercourse, which indissolubly binds the patient to his physician and the physician to his patient, is unknown and unfelt.

While doubtless, Dr. Sumner might have held a high rank in the profession, had he devoted himself to some other department, than that of the practice of medicine; still it may be said, that his peculiar and crowning excellences, were exhibited in the chambers of the sick. Here, his presence was always marked by a touching gentleness, real yet unaffected sympathy for the sufferer, well chosen expressions, a becoming cheerfulness, and unexceptionable manners. With a large heart, acutely alive to human suffering wherever found, a demeanor adapted to all classes, he was equally at home, and equally welcome, in the mansions of the wealthy, and the humble

dwellings of the poor—felt as deeply and as tenderly for the one as the other, and with equal alacrity ministered to their wants. None feared, but all respected, and many loved him. He was, indeed, the “beloved physician.” He was, however, little in the habit of entering with much particularity, into the nature of the disease he was called to treat, nor into the expected effect of his remedies; his reply sometimes, in his own peculiar tone and manner, which never gave offense, when asked what he expected to be the effect of this or that remedy, being, “I expect it will do good.” It was well understood, that he made no promises, gave no assurances, nor encouraged hopes that would not likely be fulfilled; indeed, was little disposed to indulge in prognostics, till the progress of a case rendered its probable results quite apparent to less discerning and practiced observers than himself. In his immediate relations to his brethren, in his professional pursuits, for one, I can truly say, that I never knew of anything, either in manner or conduct, which the most rigid interpretation of our code of ethics would not permit; which a friendly and amiable disposition would not, indeed, suggest. I believe I knew him well; and having had no claims to his notice beyond others, nor received tokens of friendship which were not alike accorded to many others, I can but think, that my own estimate of this phase of his character, is but the measure of that placed upon it, by his every associate. On two occasions only, during an acquaintance of more than fifteen years, did I ever know any collision to occur between him and any other member of the profession; and on both, after hearing the version of each party, had not a doubt that the misunderstanding, grew out of the statements and requests of kind, but misjudging friends.

At the time Dr. Sumner commenced practice here, a severe epidemic Typhus fever prevailed, as it did also, in other parts of the State, and two distinct theories were held, as to its nature and treatment. While the disciples of Cullen and older medical authorities, pursued the antiphlogistic practice, the followers of Brown, whose speculations were not yet divested of their novelty, considered the disease to be one of mere debility, and treated it with brandy, opium and bark. The discussion of the relative merits of these methods of practice, extended from the faculty of medicine, to the public, and so far was it carried, as to disturb the relations of friendship and peace. Every man felt himself competent to decide whether his neighbors were treated properly or not; and if the physician pursued a wrong course of practice, and the case termina-

ted fatally, he was pronounced guilty of homicide. When I first came to this place, says Dr. Sumner, one of the first questions asked, and it was the most common question, was, are you a bleeder or stimulator? To a cautious and observing person, like himself, such a state of the professional mind and practice, would furnish much matter for reflection, and lead also, to a careful comparison of the results of the respective plans of treatment. It can scarcely be doubted, that this state of things produced a lasting impression upon his own mind, and ever afterward influenced, to a greater or less degree, his practice. Nevertheless, at the outset, he says he refused to take sides, but claimed the privilege of bleeding or stimulating as he thought best, when called to the bed-side of the sick. His conclusion was, as we may safely infer from his practice, not less than his expressed opinion, that, while there was not, perhaps, so great a difference as to the mortality attending the treatment of the opposing sects, as many might suppose, the deaths were more numerous among the disciples of Brown. Their patients, however, when they did recover, got well quickly—a circumstance which by no means demonstrates the soundness of their practice—while those who were subjected to the free use of the lancet, *etc.*, had a longer and often trying convalescence; a mixed plan of practice, judiciously pursued, more frequently than either, saving life, and procuring a happy recovery. With abundant confidence in the remedial power of medicinal agents, Dr. Sumner employed them with freedom, though of course with discrimination and prudence. He was careful to avoid extremes. While his practice in all acute forms of disease, characterized by increased vital action, was decidedly antiphlogistic, he did not often use the lancet. He trusted more to cathartics, calomel and opium, tart. antim. et potass, *etc.*, for the accomplishment of his object; setting them aside, as soon as a change of condition in the patient, rendered it, in his opinion, safe. If the powers of nature were equal to the task of procuring a reasonably prompt convalescence, he would leave them to perform it; otherwise aiding them, by appropriate tonic and invigorating remedies.

In the treatment of the numerous forms of nervous disease, more trying and difficult to manage, probably, than any other, Dr. Sumner was largely employed, and eminently successful. These constitute, at once the test of his ever enduring patience and amiability, the evidence of his good sense and professional knowledge, and also of that power, for which he was remarkable, of acquiring and maintaining for as long a period as was required, the friendship and

confidence of his patients. Though it is probably a fact, that physicians, as a class, devote themselves more closely to their pursuits than any other, it is equally true, that there is a difference among them in this respect; some taking more time than others, for relaxation and repose. Of Dr. Sumner it may truly be said, that for much the greater portion of thirty years of his professional life, his labors were almost unceasing. He rose every morning, but to repeat his round of professional duty; and never retired at night, secure of undisturbed repose. As an evidence of the little variety which, in one sense, the life of a physician affords, and also, as a proof of the correctness of the above statement, I cite the following. When the propriety of each member's furnishing a brief sketch of his life, for the use of the Society, was under consideration—some six years ago—Dr. Sumner remarked, "I can only say for myself, that I have been here for thirty years, without leaving my post during the time." Though this statement was not intended to be literally understood, it nevertheless approximates so nearly to the truth, as to require very little qualification.

Another pleasing and prominent trait in the character of our associate, which it would be wrong not to notice with some particularity, though it has often been adverted to in the course of this sketch, was his unvarying and cordial good nature. Nothing seemed to disturb the even flow of his spirits, or to produce an irritable frame of mind. Though this resulted, in part, from his constitutional temperament, doubtless—an abounding charity, had much to do with the exhibitions of this amiable characteristic. He had studied man—knew what was in him—and the sometimes painful and uncontrollable reactions of a disordered body, upon the mental and moral manifestations. He was, therefore, always prepared for them, no matter in what way, or under what disguises they appeared; and was never betrayed, either into harshness of language or severity of manner.

What has previously been said, anticipates, to some extent, and may be thought, indeed, to supersede the necessity of any remarks that might otherwise be deemed appropriate, relative to the extent and character of Dr. Sumner's practice. I will venture, however, to state, that he began among the poor, in the obscure quarters and suburbs of the city; attending upon them for all forms of disease, both medical and surgical; calling for assistance only when operations were required. Gradually advancing, he at length found his patients among the educated, wealthy and refined; and, subsequently, a large share of his practice was confined to this class; though he

never forgot, nor intentionally neglected his early patrons and friends. It may well be supposed, that the demands of the two, would be great, and almost incessant—by night, as well as by day. Such was the fact; and abundantly accounts for all that we now know. The tax upon his powers, steadily and continually made, year after year, was too great to be endured;—a premature old age, and a comparatively early death, were the direct and inevitable consequences.

Dr. Sumner was stout, of a lymphatic and nervous temperament, about five feet, eight inches in height; weighing not far from one hundred and sixty pounds. His head was large, and, phrenologically speaking, the faculties were all well balanced and proportioned. His features were massive, well marked, and eminently expressive of benevolence and good sense. His movements were slow, and when on foot, his gait much resembled that of a sailor, in his first walks—after a long voyage—upon shore. This is attributable, doubtless, to the fact that he usually rode; rarely testing his own powers of locomotion. The only complaint which ever found expression on the part of his patrons or friends was, that he was not prompt enough in responding to professional calls. If, however, he was not always prompt, he was sure to come sooner or later; for, after having begun the day, he had no repose until every engagement was attended to, every duty done. He rarely retired before eleven o'clock, and always closed the day by smoking a single cigar, and drinking a glass of wine—a limit which he never exceeded. His house was proverbially the abode of "Hospitality." His accomplished lady and lovely family made welcome a host of attached friends, who enjoyed all that refined tastes, cultivated minds, and generous hearts, could bestow. Though for many years he was always occupied and weighed down with professional anxieties and cares, the doctor dearly loved the seasons given to relaxation and his family; and though moments of leisure rarely were his, at other than times required to take needed sustenance or repose, they were to him moments of exquisite enjoyment. But as in other united and happy families, changes, often sudden and unexpected, break in upon their peace, so in his, at a moment when least expected, the destroyer came, and sounds of joy and gladness gave place to lamentations and wo. To the death of Mrs. Sumner succeeded other changes, all of which but seemed to increase the contrast, already so painfully apparent. For several years previously, Dr. Sumner had experienced evidences of a gradual failure of nervous power, if not of positive disease; having, in consequence of it, been obliged to relieve himself, to some extent,

of his professional engagements, and in the spring of 1850, he was induced, by the urgent solicitations of his friends, compelled, also, by his own convictions of its necessity, to make a voyage to Europe. Few, if any Americans, who have never visited the old world, had so thoroughly informed themselves as to the history of events, localities of interest, or the names and genealogy of personages of distinction, both in Church and State, as Dr. Sumner; and he unquestionably saw more, and enjoyed more, and acquired a greater amount of accurate information, in consequence of this peculiar fitness, than most do or can, from a much more extended, and equally favorable opportunity. He spent some months abroad, chiefly in England, and returned in the fall, greatly refreshed, if not essentially improved. He at once entered again upon his former labors, and though he endeavored to favor himself, and for the most part declined all night engagements, it was too soon perceived by his friends, that his constitutional powers were failing; probably beyond repair. His mind was at times clouded, his tongue with difficulty performed its office; his limbs were weak, and his gait unsteady. From time to time, indeed, he suffered from attacks resembling paralysis; but gradually recovered the use of the parts involved in the seizure; yet was left by each, with less of vital energy and strength, than he previously enjoyed. But so long as it was in his power to get into and out of his carriage, and the weather was not unfavorable, he continued to be seen in the streets, slowly driving about, cheerfully, though faintly, acknowledging the recognitions of his friends, and protected by his overcoat, which he wore during all but the warmest days of July and August. As the cool weather of autumn approached, both inclination and the state of his health, induced him to seek for the quiet, and cheering warmth of his chamber; and during the fall of 1853, it may be said that the period of his active labors was brought to a close. Free from suffering, with a mind still capable of moderate exercise and enjoyment, with but occasional interruptions by returns of his former attacks, he spent the winter following, rather pleasantly than otherwise; reading himself, or listening to the reading of others, as suited his fancy at the time; keeping himself fully informed on all public matters, by reading the daily papers, and receiving the frequent calls of his many sympathizing friends.

Though the confinement of the winter, in connection with the steady, but slow advance of his disease, had diminished the little strength which he previously possessed, the warmth and brilliancy of

the returning spring of 1854, inspired him with the desire and resolution to attempt once more to get abroad; and on several occasions, during the succeeding summer, he rode out and visited those parts of the city where public improvements were in progress;—the Retreat, Asylum, *etc.* But increasing weakness, which had already, for the most part, long confined him to his bed, and the advancing season, again closed upon him the doors of his chamber, which he was never again to leave. During the autumn, his strength was greatly reduced by a severe, but short attack of diarrhea; and, as he said to a friend afterward, he found it much easier to lose strength than to regain it. Some weeks before his death, a frightful attack of cerebral congestion occurred, which it was thought by all, would speedily put an end to his life; but, most unexpectedly, he gradually recovered the use of his reason, and lived, only to drag out a brief period of existence, which a nervous system, rendered excessively susceptible by long confinement, and aggravated by extensive bed sores, made one of agony; being finally released from his sufferings, early on the morning of February 20th, 1855.

During the whole of his protracted and peculiarly trying illness, the same serene cheerfulness which characterized him in health, continued—no murmurings were heard, no irritability exhibited. His simple, yet sustaining faith in the promises of the Gospel, his reliance upon the merits of the Redeemer for Salvation, and his trust in a risen Saviour, were during life his comfort, and in the last conflict his support. Without the slightest ostentation, or pretense to unusual sanctity, no disciple was more devout and conscientious, none loved his church and its ordinances with a warmer or more tender love; nor did any hold more frequent or delighted intercourse with his fellow-Christians and the clergy. With all this, his spirit was eminently liberal and catholic. He would oblige no one to entertain a like belief with himself, nor doubt either the sincerity or piety of those who might worship the same God, under other forms, or other creeds. The funeral ceremonies were performed at Christ Church, on the afternoon of the 22d of February—and a house filled in its every part, the profound and solemn stillness that prevailed throughout the service, and the crowd that followed his remains to the grave, and saw them deposited in their last resting-place, attested the public grief for his loss, and the respect entertained for the memory of the departed.

You have here presented to you, gentlemen, in a plain, and I hope truthful sketch, however imperfectly drawn, and unworthy of the

theme which I have undertaken—an outline of the life of our late associate. It is for each of us to decide for himself, what lesson he will learn from it, what benefit he will strive to secure, what stimulus it shall give to high and honorable purposes. To have enjoyed the blessing of so bright an example, is not without its responsibilities. The character and conduct are both affected, whether we will it or not by the moral atmosphere in which we live, and the good which we accept or refuse.

The season of preparation for professional practice has indeed passed, beyond recall; yet if in any case, that opportunity has been neglected, or but partially improved, there is much precious time still remaining, which faithfully and advantageously employed, may enable us to make up for many and great deficiencies. We can here safely recur to the example of our subject, in proof of the value of time well spent, of effort judiciously and perseveringly made. We learn also, that it was a life-long devotion to study and good works, that gave him the position he occupied. He continually availed himself of those opportunities, ever presenting themselves to all of us, which offered, for benefiting others as well as himself; at once encouraging every benevolent tendency of his nature, and counteracting that selfishness, which finds a lodgment, and often a soil but too well suited to its growth, in every breast. He was also, an active member of those medical organizations to which he belonged, a field in which, even our personal experiences teach us, much may be done for our own, and others' good. Though occupied with his profession, beyond most men, he still found time to read, and to study, not merely what high professional aims, and the progress of knowledge demanded, but much sound and useful matter of a somewhat miscellaneous character, which gave a symmetry and finish to his mind and character, which he might not otherwise have possessed; increasing his usefulness, and adding charms to his intercourse with general society. We are further taught by this precious example, the worth of simple, yet cultivated manners and goodness of heart. Though the former is alone an acquired excellence, no one can claim entire exemption from the responsibilities that flow from the possession of the other.

There is implanted in every human being, more or less susceptibility to suffering, whatever form it may take, or from whatever cause arise. Add to this, high moral and religious principle, and it secures to its possessor, all of this quality or attribute in its most reliable form, that can be useful, or perhaps desired. The two, admirably blended in the every day-life of our late associate; both,

indeed, in an eminent degree, yet by no means to such an extent, as to discourage imitation, or render its attempt useless or unprofitable.

Truly, in whatever aspect we regard the life of our departed brother, and hence its peculiar value to us, we find everything to imitate, yet nothing inimitable. Shall we not therefore study it, and practice upon its teachings, so as to make up to ourselves, so far as possible, the great loss, otherwise irreparable, we have sustained in his death.



Registration the Basis of Sanitary Reform.

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WHILE it is the peculiar office of physicians to cure disease and alleviate human suffering, it is highly appropriate that, as a class and as individuals, we should be identified with every movement having for its object, the *prevention of disease* and the promotion of longevity.

With this view, Mr. President and Gentlemen, I propose to remark briefly, on the rise and progress of the great Sanitary Reform, which, although foreshadowed centuries ago, has only within a very few years received the legislative aid necessary to insure its more general adoption ; but more particularly of Registration, the basis of that reform.

The preservation of the public health has from the earliest periods received the attention of physicians, philosophers, and statesmen ; and did time permit, it would be interesting to trace the course of this movement—keeping pace with advancing civilization—as it shows itself in the laws revealed to the Jews, enforcing cleanliness—purification—protection from contagious diseases, and the general preservation of health ; and in the legislation of Greece, where no city was without its health officer, and Epaminondas, Demosthenes, and Plutarch served in that capacity ; or in the history of ancient Rome, where we find the most extensive, and sagacious plans were in operation, for ventilation, sewerage, and an abundant supply of water.

Indeed, it is easy to see from collections of Roman antiquities, that the laws for the protection of health in that city, were of a very radical, and peremptory character, and were executed with a degree of vigor and impartiality almost unknown to us ; and it is to this vigilant forethought that, in the absence of other organizing agen-

cies discovered only in later times, we may attribute the success with which that remarkable people preserved social order, through so dense and vast a mass of human beings.

What was previously known of the science of public health, however, perished in the general wreck of civilization which followed the invasion of the barbarians; and it does not appear that any sanitary regulations whatever, existed from the seventh to the fourteenth century. In those dark ages, the people lived without law of any kind, and consequently frightful epidemics often desolated the land.

In 1350, King James 2nd of France, turned his attention to this subject, and established an ordinance which has been considered the commencement of Sanitary Reform; but it went little farther than to prohibit the keeping of swine in cities, and regulate the sale of meats and fish—and for nearly two hundred years the only attention the subject received, was to remove from cities some offensive manufactures. During the early part of the sixteenth century it became apparent, that the first step toward a radical improvement in the physical condition of a nation, and the enactment of laws tending to increase the average duration of life, was a collection of its vital statistics.

“That upon the circumstances connected with the three important eras of existence, birth, marriage and death, depended to a very great extent, the physical, moral and civil condition of the human family.

“And that a knowledge of the circumstances is necessary for a full comprehension of important means for the certain advancement of the population of states in health, prosperity and civilization.”

The conviction of these truths, led to the establishment at Geneva, in 1549, of the first system of registration of births, marriages and deaths. The result was, the discovery of such an alarming state of facts concerning the low value of life in that city, as led to the enactment of wise sanitary regulations, which have been amended and enforced through a long series of years. As a consequence, the mean duration of life increased more than *five times* from 1550 to 1833; and with the increase of population, and more prolonged duration of life, happiness and prosperity were promoted: although with advanced prosperity, marriages became fewer and later, and thus the number of births was reduced, a greater number of infants born were preserved, and the number of adults with whom lies the strength and greatness of the state, became larger.

"Toward the close of the seventeenth century, the probable duration of life was not twenty years; at the close of the eighteenth century it reached to thirty-two years; and now it is more than forty-five years, while the real productive power of the population has increased in much greater proportion than its increase in numbers."

The registers there, as in many of the cities of France, are viewed as pre-appointed evidences of civil rights; and now, no person can inherit property, administer upon the estate of a deceased person, or marry, without exhibiting from these records, his right to do so.

In Prussia and the German states, these measures are attended to with great exactness. Every fact appertaining to the health, lives and condition of the inhabitants, is carefully collated and published for the benefit of the people. In nearly all the European states besides those mentioned, facts in connection with this subject are registered and collected in the most scientific and systematic manner. And to use the language of a distinguished American,—

"Whatever we Americans may say to the contrary, the average longevity in many places where these measures have been in operation, appears greater than with us. Indeed, we have no little reason to fear that, unless something is done to arrest the progress and pressure of the causes of mortality in this country, we shall be in danger of possessing only a very young and immature population."

"The average age at death in many of our large cities as far as returns enable it to be shown, is under twenty years—a fact which can only be due to the unfavorable physical circumstances of the people, and their ignorance of the true means of living, and avoiding disease."

In England, the public attention was awakened to this subject about thirty years ago, by an able article in the *Westminster Review* on "the casualties of sickness and mortality," by Edwin Chadwick, Esq., at that time a young barrister in London, and to whom more than to any other the cause is indebted—and whose name should be handed down to posterity as one of the great reformers of his age.

Dr. T. Southwood Smith, with whose work on Fever we are all familiar, is another individual who has been prominent in all the sanitary movements in England, and to whom the world is greatly indebted for his active efforts in this direction. These gentlemen have been frequently called by parliament to serve with others on various commissions of inquiry concerning the several branches of

Hygienic reform, particularly in regard to their pauper system. One of their reports shows that *one-fourth* of all their pauperism is the result of preventable disease.

The registration act of England, after which all similar laws in the United States have been more or less closely copied, was introduced in parliament by Lord John Russell, and went into operation July 1, 1837.

Says a writer in the London Lancet,

"This was the most important sanitary measure, ever adopted in England. Before that time a perfect chaos respecting population and mortality, reigned. Since then, a mass of statistics, relating to life, health and disease has been accumulating, which will exert, and is exerting an immensely beneficial influence upon the physical and moral welfare of these realms, and indeed ultimately upon every people on the face of the globe."

"The discoveries of Astronomy have not a more palpable application to navigation and commerce, nor the investigations in Chemistry to manufactures, than have the statistics of health and disease to physical and moral regeneration."

This prophecy is now in process of fulfillment; the influence of this movement has reached our own shores, and in several of the States has led to the establishment of systems of registration on a similar plan.

To Massachusetts belongs the honor of taking the lead among the States, in the march of sanitary reform, at the instigation of a distinguished statistician of Boston, Lemuel Shattuck, Esq., to whose reports and correspondence I am indebted for many valuable facts. Responding to the call of the Massachusetts Medical Society, the legislature in 1842, enacted a registration law, which has been from time to time amended, as experience of its practical workings indicated, until it has been brought to a good degree of perfection and efficiency.

New York soon passed a similar law, and was followed in 1852, by Rhode Island, New Jersey and Kentucky, in all of which States, annual reports have since been published.

In the Connecticut colony, the first registration act was passed in 1644. On the third of June, it was "Ordered, that the Towne Clarkes or Registers in the seuerall Townes within this Jurisdiction, shall ech of them keepe a record of the day of mariedge of euery p'son hereafter married wthin their libertyes, and of the day of the birth of euery child hereafter borne, to whō the parent of the child

shall w^hin three dayes after the birth of his child certifie the day of the child's birth, and to whō euery man that shall be married shall w^hin three dayes after his mariage certifie his mariage day, vnder the penalty of 5s, euery default. The said Register is to receaue vid. for recording the day of mariage & iid. for recording the birth of the child."

In the laws as subsequently codified—it was required that "euery new married man shall likewise bring in a certificate of his Marriage, under the hand of the *Magistrate w^h married him*, to the said Register." "If any person shall neglect to bring in a noate or certificate as aforesaid, together with three pence a name, to the said Register, for all Births and Deaths—and six pence for each marriage, to be recorded, more than one month after such Birth, Death or Marriage, shall forfeitt for euery default *five shillings*, and the penalty further increased vppon longer neglect, according to the judgement of the Court;" and the Register was required to send to the Secretary of the Court an annual transcript, together with a *third part of the fees*, under the penalty of forty shillings for every neglect. A similar record was commenced at New Haven in the following year, and both were continued until the opening of the Revolution.

Although these records were very imperfect, and contained merely the names of persons who died, were married, or born, they have proved of great value in tracing genealogies, and titles to property; and there is some reason to believe that the returns such as they were, were more promptly made than they are at present.

The Registration law now in operation in this State is in the main excellent; and if universally complied with, would develope a mass of valuable facts which could not fail of exerting a great and lasting influence on our prosperity.

It is intended to accomplish two great objects.

First. To preserve the name, and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community.

Second. To determine how health, life and longevity are affected by age, sex, condition and occupation; by climate, season and place of residence; and by the diseases to which under any circumstances man may be subject.

To accomplish the first object, certificates of birth should in all cases state the *maiden name of the mother—the nationality of both parents*, and as children are often not named when the return is made, it should state the *number of the child—whether first, or second, &c.*, in addition to those items now required.

Marriage certificates should also state in addition the *names and residence of the parents of both parties*, and the names of witnesses.

Certificates of deaths should also state in addition, the *names of the parents of the deceased*, and their *nationality*. In order to determine identity, it is necessary that these, and all the facts now required, should be recorded with exactness. Physicians in too many cases, omit one or more of these facts, without reflection that perhaps the very one which they consider of so little consequence, may be hereafter of the first importance to that individual or his friends, to say nothing of the loss which science sustains in the omission of a fact.

Records of this kind are of great importance in the various civil relations of society; and will secure to all classes numerous legal rights. It is useful to all persons, and to some it is of the greatest importance, to be able to prove in a legal way, their age and place of birth; and equally important is the day of death, and the particulars of the marriage contract.

Who does not know of individuals who have failed to obtain their rights of property, or have suffered in reputation, for the want of such legal proof of events and identity, as this law proposes to furnish?

A family once resident in New Haven, the undoubted heirs by the mother's side of a princely fortune in England, failed to receive it, for the reason that a *single fact* was wanting to complete the chain of evidence otherwise conclusive; and it is well known that millions of property in England, rightfully belonging to parties in this country, have been forfeited to the British Crown, because no legal record of Births, Marriages and Deaths had been kept.

The widow of the late Dr. Dwight, President of Yale College, was for many years unable to procure the pension to which her husband's services in the army of the Revolution entitled her, for the reason that she had no proof of her marriage, no record having been made, and the witnesses being dead; she finally obtained it, however, through the aid of Joel R. Poinsett, while Secretary of War. He ordered it to be granted, on the ground that it was not to be supposed that so wise and good a man as his old and venerated instructor, would have lived all his life with a woman who was not his wife. How many families in this State would have been made glad, or have been saved from expensive litigation and pecuniary ruin, had such a plan of registration been faithfully carried out.

The records kept in New Haven have been repeatedly brought into requisition within two years, as legal evidence in suits affecting

the social rights of individuals. Copies have been required in order to settle estates in England, Germany, Cuba, New York and Massachusetts, besides for other purposes within this State; and I presume similar facts are known in other parts of the State. So far as my observation extends, the law is increasingly popular with the more intelligent portions of every community, who justly regard it as capable of conferring upon the State, numerous benefits, the importance of which can not be estimated.

To accomplish the second object, the record should show a class of facts different from those necessary to prove identity, though in some particulars they are the same; but as these are all included in the present law, I need not mention them here, except to remark that the attending physician should in all cases be careful to state in a certificate of birth, the *ages of the parents*, which many omit to do: this appears at first but a trifling matter, yet in future years such facts will prove of great service in determining the laws of population.

We shall know by these means what is the proportion of births and deaths among our foreign population, an item at present of peculiar interest; also of what diseases the foreign born and their children die. Forming as they do everywhere, a large and increasing element in our population, frequently bringing with them the seeds of disease and death, this becomes a matter of serious import.

The register in New Haven exhibits the fact, I believe, that a majority of the children who die there, are of foreign parentage, and that of these the larger part die between three and five years of age. If this statement is correct, and should be corroborated in the other large towns—the principal foci of the foreign population—it would be an interesting and useful fact. It is easy to see that by the accumulation of facts, Registration will lead to the adoption of such measures as will aid in the diminution of sickness—(and one-half of all that occurs, is believed to be unnecessary and preventable)—in the security of life—in the improvement of the general physical condition of the people, and in promoting their greatest happiness.

Among the other important considerations connected with this subject, is its bearing on Life Insurance.

It was long ago ascertained in Europe, that the reproduction, the life, the sickness and death of man, are regulated by certain fixed and natural laws, which vary, of course, according to the individual, and the circumstances by which he is surrounded. These laws have not yet been investigated in their application to man in the circum-

stances in which he is placed in this country—neither can it be done in the present state of knowledge on this subject.

It is evident, however, that many facts exist, which render the operation of these laws peculiar to ourselves; and it is highly desirable, on this account also, that a system of registration of human life, by which they may be obtained, should be faithfully carried into operation.

Life Insurance, as common in England as insurance on property, is becoming a very important interest in this country; and it has always been regretted that insurance companies are obliged to base all their operations on either the Carlisle or other tables of mortality, prepared in England many years ago, and which never afforded an adequate estimate of the probabilities of life on this continent.

“Such records would enable us to construct tables of mortality, containing an invaluable fund of statistical information, showing the various influences in operation among us, which tend to increase or diminish our population, the comparative value of life among males and females, and of persons existing under different circumstances and conditions; the comparative prevalence of health and disease and of death, in the different seasons of the year, in different localities, and in the different periods of life.”

Until we have such a class of facts, we can not know the wants of our population—nor tell where to apply remedies in order to ameliorate their condition—to improve the general health of the community—promote the security of life, and add to the number of its years. At present, our exertions must be influenced by, and be made upon, comparatively uncertain theory and conjecture; and of course may produce erroneous results.

Registration has developed some interesting facts of a more strictly sanitary character. In England, it has been found that in those rural districts in which under-drainage had been within a few years generally adopted, the number of deaths has much diminished, while the cases of sickness were fewer and shorter; and in the large towns the difference between the ratio of deaths in the undrained, crowded localities, and the better portions of the cities, was very striking. In the report of Mr. Glover, superintending medical inspector of the London Board of Health, on the common and model lodging-houses of London, (with reference to epidemic cholera in 1854,) it is stated that in 1853, there were registered houses of this kind, accommodating about 80,000 persons, yet, during the year, *only ten cases of fever* occurred. Considering the class of persons inhabiting these

houses, it must be acknowledged that three cases of fever in every 10,000 of such persons, is an almost incredible amount of sickness of this character. "In all the houses registered and unregistered, there were in the first nine months of last year, 72 cases of cholera, and 61 deaths, an amount of sickness, all things considered, astonishingly small." "With respect to the health of the inmates of the model lodging-houses, it appears from the various reports, that these houses have enjoyed all but a complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality, from cholera, in the potteries, Kensington, was in the ratio of 259 in every 10,000; and in Bermondsy, 162 in 10,000."

In a comparison of the bills of mortality in London, with those of Boston, which has always been cited as a model city for cleanliness and sobriety, we find a remarkable coincidence. In London, 32 per cent. of the deaths are those of children under five years of age; the average age of all, at death, is twenty-six and a half years—and the annual rate of mortality for the whole population, is 1 in 40.

"In Boston, from 1840 to 1845, 46.62 per cent. of all the deaths were those of children under five years of age; and in some classes of the population, more than 62 per cent. were under that age; the average age of all that died in the same period, was 21.43 years, and of the Catholic burials, 13.43 *years only*. The rate of mortality for the whole population for the last nine years, was 1 in 39—and for the last year, (1849,) 1 in 26." Showing that London, with its two millions of people, supplied with water from the Thames, into which the enormous accumulation of waste and dead animal and vegetable matter—the blood and offal of slaughter-houses—the drainage from dye-works, bone-boiling houses—and a thousand nameless pollutions, all find their way,—with its crowded streets and graveyards, its foul cess-pools and hopeless pauperism, is as healthy a city as Boston, and in some respects, more so.

Some of our other cities suffer still more by the comparison. The annual average mortality for the last eight years, was

In Philadelphia, 1 death in 42 inhabitants.				
" Boston,	1	"	39	"
" Baltimore,	1	"	36	"
" Chicago,	1	"	29	"
" New York,	1	"	25	"

Last year, the average ratio of deaths in Chicago, was 1 in 18.3 of the population.

The high ratio in the two latter cities, is owing entirely to the larger proportion of immigrants constantly arriving there; while in Chicago full one-half the entire population are foreign born, and there is always present, a floating population of several thousands, many of whom are yet suffering from the debilitating effects of a long voyage, and destitute of every comfort and convenience of life.

Doubtless, among the principal reasons for the large mortality in this country, may be mentioned the great and frequent changes of temperature at all seasons; the intense and prolonged heat of summer, favoring rapid decomposition, and causing diseases of the bowels, as diarrhea, dysentery, cholera, &c.; the excitable and restless state of our population, containing a large proportion of foreigners, among whom affections of the bowels and lungs seem to be particularly fatal. It is to be expected then, that the deaths in proportion to the population would be more numerous, and the average age at death lower, than in the slow-going population, and more equable, temperate climates of the old world.

Says Mr. Chadwick, "The average age of the whole of the living living population in America, so far as it can be deduced from the census returns, is only *22 years and 2 months*. Notwithstanding the earlier marriages, and the extent of emigration, and the general increase of population, the whole circumstances appear to me to prove this to be the case of a population, depressed to this low age, chiefly by the greater proportionate pressure of the causes of disease and premature mortality. The proportionate numbers at each interval of age in every 10,000 of the population of the United States, England and Wales, are as follows.

		United States.	England and Wales.
Under 5 years,		1,744	1,324
5 and under 10,		1,417	1,197
10 "	15,	1,210	1,089
15 "	20,	1,091	997
20 "	30,	1,816	1,780
30 "	40,	1,160	1,289
40 "	50,	782	959
50 "	60,	436	645
60 "	70,	245	440
70 "	80,	113	216
80 "	90,	32	59
90 and upward,		4	5
Average age of all living,		22 yrs. and 2 mo.	26 yrs. and 7 mo."

"It may be observed," he adds, "that while in England there are 5,025 persons between 15 and 50, who have 3,610 children, or persons under 15; in America there are 4,789 persons living, between 15 and 50 years of age, who have 4,371 children dependent upon them.

"In England, there are in every 10,000 persons, 1,365 who have obtained over 50 years experience; in America, there are only 830.

"The moral consequences of the predominance of the young and passionate in the American community, are attested by observers to be such as have already been described in the General Sanitary Report, as characteristic of those crowded, filthy, and badly administered districts of England, where the average duration of life is short, the proportion of the very young great, and the adult generation transient. The adult population in America, it has been shown, is younger than in England, and if the causes of early death were to remain the same, it may be confidently predicted that the American population would remain young for centuries."

	Yrs.	Mo.
"The average age of all alive above 15, in America, is	33	6
The average age of all alive above 15, in England & Wales, is	37	5
The average age of all above 20 years, in America, is	37	7
In the whole of England, the average of all above 20 years, is	41	1"

These statements are important, and coming from a man so eminent for the ability and knowledge he has displayed on this subject, deserve serious consideration.

It is the prevailing opinion among us, that no people in the world are more healthy than ourselves; but if the above statements are true, this opinion is erroneous.

In one of the Massachusetts Reports, is a compilation showing the mean duration of life in several places in Europe; also in Massachusetts. From this it appears, that while a child has a chance of living 45 years in Surrey, (one of the healthiest districts in England,) it has a chance of living only 25 years in Liverpool, and 28.15 years in Massachusetts—showing a difference between the two first of 19.6 years—in other words, life is but five-ninths as long in Liverpool, as in Surrey. Yet, before the facts developed by the Registration system were known, it was asserted by one of the most accurate writers in England, that the great increase in the town of Liverpool, was owing to the *salubrity of the air*, and the progressive improvement in trade, commerce, and steam navigation.

If the above statement as to the mean duration of life in Massachusetts be correct, (which is doubtful,) it is as unhealthy as Liver-

pool and the most unhealthy districts of England. Facts as interesting and important, may yet be developed in this State, in relation to our own towns and villages. We are becoming largely a manufacturing people, and take pains to ascertain the exact cost of every article made, in all its different parts, and its cost of transportation; yet we know nothing of the cost of life involved in its production.

We know not, yet we ought to know, what is the difference in the value of life in our cities, and country districts—at the sea-side—and in the mountains; among different occupations and classes of persons; and in what particular localities certain diseases, as consumption, scrofula, dysentery and typhus fever, are most frequent.

Registration affords the only means of determining these questions; and the materials for a complete history of the epidemics of the State can be procured in no other way. We have seen the great advantages and necessity of such a system, in proving individual identity—in securing the rights of property by inheritance—and in protecting public health and public rights. It will enable us to deduce the laws of "mortality and population which are peculiar to ourselves, while it will afford us the means to devise new measures for the prevention of unnecessary sickness and premature decay."

It is to be expected that any registration law sufficiently stringently to be of service, will encounter objections and opposition; obstacles of this kind attend the inauguration of every new measure, however humane and useful its provisions may be. We should not be surprised then to hear, as we do, that "this measure interferes with *private* matters." "If a child is born—if a marriage takes place—or a person dies in my house," says one, "what business is it to the public? these are private matters."

The man who reasons thus, has but a limited conception of the obligations he owes to himself and to the public. He can not if he would, cut himself entirely loose from every other person, but has while living in families and communities, a direct or indirect interest in each of them. "Every birth, marriage, or death, which takes place has an influence somewhere—perhaps not upon you or me now, but it has upon others, and may hereafter have upon us."

Says a recent writer on this subject,—

"In the great and frequent changes in the affairs of life, it is impossible to predict, which shall prosper—this or that; whether I shall be a pauper, or have to contribute to support my neighbor as a pauper; whether I shall inherit his property, or he inherit mine; and every person should not only be willing, but desirous to place

within the reach of every other, the fact that he has existed, and the means of identification."

Parents should not fail to do this for their children, and in all cases should see that their births are properly recorded; interests of great moment frequently depend upon it, and it is not of more consequence that the boundaries of their real estate be duly recorded, than that the time, place, and circumstances of their children's births be verified beyond question.

It has been shown, that a well organized system of registration is among the first wants of every enlightened people, and is capable of contributing largely to the amelioration of the physical and moral condition of communities. But in order to do this, it must receive the hearty support and coöperation of all educated men, of whatever calling in society, who give tone to public sentiment. It appeals to them, as being in some degree responsible for the success or failure of this very desirable reform movement.

This subject appeals to *clergymen*, as to those who are directly interested. By a recent change in the law, their duties under it are better defined, and rendered less onerous, relieving them of much which they considered of too particular and delicate a nature for them to attempt; this was doubtless the reason that in making their returns of marriages, they more frequently honored the law 'in its breach than in its observance.'

Their education and habits of mind should lead them to a full investigation of the subject; and their frequent opportunities both public and private, will enable them to do very much to enlighten the public mind, in regard to the great benefits, both present and prospective, which must necessarily result from its full development.

To the physicians of the State, however, it appeals *by right*, for the aid and countenance which no others can give—and it relies for its efficiency and usefulness, on us more than on all the community beside—and without our coöperation it must fail.

The law was enacted by the legislature at the request of this society, and after full representations and arduous efforts of your committees, during two successive sessions; and are we not bound to use all our influence to cause the law to be respected and enforced?

Who so capable of furnishing the needful facts in relation to births and deaths, with least trouble and suitable exactness, as the attending physician? Who can better appreciate the advantages of registration, or more successfully advocate its claims upon public attention, than those to whom the community commits the care of its health,

and whom it will hold responsible for any neglect of, or indifference to its sanitary interests?

Let us then, not hold ourselves aloof from a public measure which promises so much for the amelioration of our physical condition, and the promotion of our best interest and happiness.

We are accustomed to think that as a class, we perform a larger amount of unpaid labor, than all others combined. I admit that it is so, and it is one of the bright honors of our profession, that we are "instant in season and out of season," in relieving the sick and suffering, and in helping forward every good work.

It is possible perhaps, that in the minds of some of you there still lingers a prejudice against the whole subject of vital statistics; and perhaps a few may seek to excuse themselves from their duty in making regular and prompt returns as the law requires, by saying that the government can not rightfully demand of one class, or individuals, a service to the public without compensation. After diligent inquiry, I am happy to state that the number of *regular physicians* who make this objection to the law, and openly avow it, is exceedingly small. These surely forget the numerous instances in which individuals are required to make sacrifices of time and labor for the public good—to promote the ends of justice and contribute to the common defense.

They forget, that this trifling duty is the only tax which the State has imposed upon physicians, as such, while in some States, a license to practice has to be purchased, and yearly renewed, after payment of a money tax, and the inscription of the name and address.

In England, registration has become the great idea of the age, and the profession there, has cheerfully contributed to its success by an immense amount of unpaid labor; thereby erecting for itself an imperishable monument, and furnishing to their brethren everywhere, an example worthy of imitation. In Massachusetts, the profession is actively alive to its importance, and united in effort to provide for that State the benefits of a general sanitary reform.

It is feared, that some of us withhold our compliance with the law, or yield it reluctantly, because it is not yet quite all we could wish—or all we think it should have been at first—or because it subjects us to some inconvenience and annoyance.

The law is to be sure still imperfect in several points, particularly in the fullness of the details to be recorded—the mode of their collection—and the penalties for non-compliance. In most of its features however, it can not well be improved; with the exception of New

Haven, there is some difficulty in procuring the return of certificates of death, by the attending physicians, who seem to imagine that they will be looked upon as evidences of their want of skill, rather than as a measure of the extent of their practice. In this city, this difficulty does not exist, for the reason that we have a city law which provides that no burial shall take place, until the certificate of death is in the hands of the Sexton. It is believed that, were a similar provision added to our statute, and one requiring towns to appoint sextons where there are none, the law would everywhere meet with the same favor, and work with as little friction as in New Haven.

But frequent change in the law is unadvisable, for many reasons : the public confidence in its value would be impaired, and anything like uniformity in the records would be impossible. It is very desirable that registration laws, should as far as practicable, be uniform throughout the different States ; and at the late meeting of the American Medical Association, a committee of one from each State was appointed, to procure the passage of a uniform law in all the States. It is of more consequence that a *few facts* be recorded, concerning each birth, death and marriage in the State, than to multiply the number of facts required, without providing adequate means to insure their regular return.

But do not on these accounts, gentlemen, withhold from it your support, and by your indifference defeat the good it is already accomplishing. On the contrary, let us each feel a personal interest and responsibility in the fate of this measure ; and let us do all in our power, in our several county meetings, and by personal effort, to awaken in the profession throughout the State, and in the communities in which we dwell, such an interest in the cause of registration, as shall carry it forward to complete success.

NEW HAVEN, MAY, 1855.



R E P O R T
O F
Joint Select Committee on State Humane Institutions,
UPON PETITION OF
CONN. MEDICAL SOCIETY,
IN RELATION TO INSANE CONVICTS.

GENERAL ASSEMBLY,
May Session, 1855.

THE Joint Select Committee on State Humane Institutions, to whom was referred the petition of the Connecticut Medical Society, relating to Insane Convicts, respectfully report.

That the evidence brought to their notice has satisfied them, that both the interest of the State and the claims of humanity, call loudly for some effective means of relief for this peculiarly unfortunate and suffering class of our fellow-creatures.

It appears that there are at all times on an average, not far from fifteen insane convicts in the State Prison, most of whom become so, after their confinement.

In one case, however, well known to all, a man acquitted of the highest crime known to our laws, because of insanity, was placed here for safe keeping solely, and spent within the restricted limits of a cell, about twenty years of his life; subject for the most part to the stern discipline which the government of the prison demands. It is true also, that some other cases which have from time to time been committed, have soon given unmistakable evidences of insanity, probably pre-existing, which became confirmed and incurable, during a protracted confinement.

From the Wardenship of Captain Pillsbury, through every successive change in its governing head, there has been one uniform expression as to the great wrong done to this class of unfortunates, and the continued and often serious embarrassments to the satisfactory management of the prison, resulting from the existing arrangements.

As long ago as 1841, Capt. Pillsbury made this topic the subject of a special notice in his report, earnestly appealing for legislative relief, and justly praying, that a part, at least, of the surplus earnings of the prison should be expended in, making suitable provision for this class.

Capt. Johnson, who succeeded Capt. Pillsbury, (both of them men of much practical wisdom, and not likely to possess in any degree a false philanthropy,) appeared before your committee, and quite at length, with great force and earnestness, plead the cause of these unfortunate men. Among other reasons urged by Capt. Johnson, in favor of some provision for the insane, was this: that during the six years of his wardenship, not a single assault was made upon the officers, except by insane convicts. Though all stand in need of restorative treatment, yet a majority of them, like the insane elsewhere, are not incapable of labor, nor in many instances, are they generally, without the power of self-control, to a greater or less extent. Their mental alienation exhibits itself sometimes in a single insane idea, and often, perhaps generally, in but a few. Some, for example, get the opinion that they have been pardoned, and are consequently unlawfully confined; others that they are supernatural beings, and therefore ought not longer to be ignominiously subject to the restraints of the prison; others still, heard some imaginary yet controlling voice, commanding them to do this or that; while still another class, are "*willed*," as they term it, by some superior power, whose authority they dare not question, and cannot resist.

These erroneous convictions, or simple jealousy, or the wrong interpretation of the most friendly acts and intentions on the part of their overseers, have, each and all of them, led to insubordination which the discipline of the prison failed to

control; and to many ferocious assaults made,—and often with too much success,—with the avowed intention of destroying life.

To protect the lives of the officers, and to restore to the use of their reason, these men, now reckless and dangerous, because insane, and who must through life remain so, under existing arrangements, your petitioners justly ask, that some provision should be made, whereby they may be safely kept, and properly cared for.

Without enlarging further, your committee will only add, that the opinions of the highly respectable physicians, who have at different times had the medical charge of the prison, sustain in their reports, and one of them before us, the views which are at this time, and have always been entertained by the successive wardens.

To our minds, the facts presented from these unexceptionable sources, and the considerations urged in behalf of these unhappy men, are convincing and unanswerable; and make it incumbent on this Legislature, as the exponent of the benevolence of the good people of the Commonwealth, to begin, at least, the needed work of reform.

Fortunately for us, we have in some measure, the light required for intelligent and speedy action. In other states this subject has been before the people, carefully and deliberately considered by wise and benevolent men, and such action based upon their conclusions, as seemed to be expedient. As would at first seem most proper and natural, throughout the New England States, except perhaps Rhode Island and our own State, provision for this class is made, in the State Asylums for the Insane; so that when an inmate of the State Prison becomes insane, so as to be regarded as dangerous, or incapable of labor, he is transferred to these institutions, for relief and cure. Similar arrangements exist also in New York, Ohio, New Jersey and Pennsylvania.

The operation of this system, appears from the evidence brought to the notice of your committee, to have been critically as well as impartially observed by those who have been called to exercise a guardianship over the lives and health of

those who have been made the subjects of it. Contemplating as it did, the free and unrestricted intercourse of the felon with the innocent man; the vicious and depraved with the virtuous; the good with the bad; its authors have been compelled to acknowledge that its effects were disastrous upon the better class of the inmates, degraded the institutions in which it was introduced, in public estimation; and thereby impaired in no inconsiderable degree their former usefulness. Moreover, many of those whose condition we are now considering, need a degree of watchfulness, a sternness of discipline, together with measures for their security, not called for by those whose principles and habits have never been corrupted and depraved by a vicious course of life. To the former, all the restraints required would in no degree exceed those to which they had previously become accustomed; while to the latter, they would prove a constant source of annoyance and a positive injury. In truth, the very general, if not the uniform experience of those who have tried the system to which we have referred, results in this: that accommodations for insane convicts must be separate and entirely distinct from every other class of the insane. Besides, not only the exciting causes of their mental derangement, but the experience of every institution for the treatment of insanity point also to the necessity of a ready and free access to the open air and sunlight; and to health giving occupations, calling into gentle exercise the muscular and nervous system: larger and better ventilated lodging-rooms; together with a more nutritive and digestible diet, if we expect fully to succeed in the amelioration and cure of this formidable disease.

To accomplish this, several plans more or less feasible, and involving greater or less expense, have been submitted to your committee, who will not occupy time by specifying and describing each, but proceed at once, to that which, on the whole, appears to them to promise more of good, at less cost, than either of the other methods suggested.

They therefore recommend, that an appropriation be made, looking to the erection of a building upon the prison grounds,

and in connection with the prison itself, sufficiently large to accommodate thirty persons, including attendants; so constructed as to combine all the really useful features of the best hospitals for the insane, with the least expense.

Nothing can be advised for the purpose merely of ornament or show; but a substantial structure, secure, and having a cheerful well ventilated day-room and lodging-rooms, such as the necessities of the sick invariably require; embracing needful warmth and thorough ventilation, should be erected. Anticipating as we have a right to do, the ultimate recovery, and a return to labor, of the greatest part of those who are admitted here, the committee design to recommend those means and appliances only, and those of the plainest and least expensive character, which a long experience in the treatment of insanity have proved to be indispensable. In this way only, can the interests of the State be protected, and the purposes of an enlightened humanity secured. The building should be so situated as to be heated by the same means, that the prison now is; its inmates should be provided for from the same kitchen: their diet only being changed to suit the necessities of invalids and to hasten their cure, and guarded in part by the same watch. Thus, while the inmates are well cared for, expense will be saved, and its proximity to the prison enable those who are placed in charge, without loss of time, risk or expense, to transfer from one to the other, the inmates of each, as circumstances require. There will be here sometimes doubtful cases, which may be placed with the invalid class, and carefully watched by those who are well informed as to their past history, as well as present state. In many minor particulars can we perceive that no inconsiderable advantage will result from locating the proposed structure as above suggested, and have yet to learn any serious objection. While the inmates may not receive the benefits of the skill and experience of those who have made the treatment of insanity a special study, we are nevertheless satisfied, that the judicious management of a physician, well informed as a general practitioner, by means of the aids which a suitable Hospital would afford,

could not fall far, if at all short of the success, elsewhere obtained.

Besides, if at any time, it should be thought desirable, assistance could be readily procured, as is now, sometimes done, in obscure and difficult cases. As we have before intimated, suitable accommodations for out of door exercise, are regarded as indispensable. To all public Hospitals for the insane, extensive grounds or farms are regarded as a necessary appendage; not more however, as we are informed, for the pecuniary advantage of the institutions; than for the benefits which are found to result from them, to the health of the patients; most of whom at one period of their confinement or another, are employed, or enjoy refreshing exercise upon them. If this be true of those who have become insane in spite of all the means, which wealth and affection could suggest for its prevention, how much more true will it be in the case of the convict, who, it may be for years has scarcely felt the genial warmth of the sun, breathed the pure, free air of Heaven, or set his foot upon any thing except the flags of the prison yard or of his gloomy cell.

Entertaining views like these, your committee are of the opinion, that one or two acres of ground should be connected with the Hospital, and suitably enclosed for the purpose just indicated. For upwards of fifteen years has the call annually come up from the desolated abode of the suffering felon, from every warden and from every physician, and as opportunity offered, from all others who have known the wants of the insane convicts, to this Legislature for relief. The action of other states in the matter, are before us with their results. The decision of the Association of Superintendants of the insane, embracing the Medical Head of every insane hospital in the land, is in our possession. The British Commissions in Lunacy, in repeated annual reports to Parliament, have spoken loudly and unequivocally on the subject. The report of the Massachusetts Commissioners on lunacy, furnishing full and reliable information on this subject, to a date as late as March last, has also been submitted to our notice. From all these varied and extensive sources of information, come

to us a measure of experience, a mass of information which we can hardly desire to increase, and upon which conclusions and recommendations are formed. Without further comment, we submit them as furnishing abundant and reliable data for the immediate action of this body.

Your committee are aware that the amount required to carry our plan into effect, is beyond the present resources of the treasury after meeting other demands, not more pressing but which have taken the precedence of this; we should not deem it expedient however, at this time to recommend an appropriation of the whole amount needed, except under contingencies not likely to occur. Preliminary arrangements must be made, and in order that they may be advantageously effected, time is indispensable.

We are therefore of the opinion, that the duty of this Legislature in reference to the subject we are now considering, will have been discharged when it endorses our object, and appropriates the amount required for the purposes just indicated. It is but proper in this connection that the members should be reminded, that the Connecticut State Prison has always been a pecuniary and profitable investment for the State. Its surplus earnings, which have from time to time gone into the treasury, to aid in building up or fostering other benevolent objects, have been considerable, far beyond the entire expenditure now required in behalf of its insane.

An intelligent and humane constituency will readily concur with us, in the opinion, that naked justice requires, that so much of their earnings, as are needed for their comfort when sick, and for their restoration to health, should not be denied them; and much more cordially will they approve of a measure designed to restore to their reason, men who suffer far beyond the contemplated penalty of the law, and for whom there is now scarcely the slightest prospect of relief.

In conclusion, we recommend as a commencement of this humane undertaking, to be expended in the purchase of land and other arrangements preparatory to the erection of a

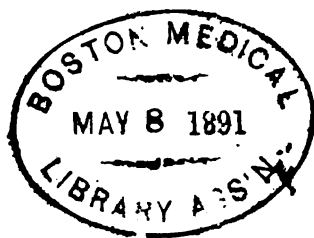
Hospital by a building committee to be appointed by this Legislature, subject to the approval of the State Directors, a sum not exceeding (\$1,500) fifteen hundred dollars. This will be about the amount which in our judgment, can be judiciously expended, during the remainder of the year, and will enable the committee at once to enter upon the task of erecting the building, when our successors shall upon suitable investigation have ascertained how much will be required. We believe also that certain other eminently humane institutions, whose hold upon the sympathies of our constituents is deservedly strong, and which are now in pressing need of help, will by the aid this year to be afforded as we hope, need less hereafter from the Treasury ; thereby rendering it comparatively easy for another Legislature to appropriate for this purpose, the balance required.

All which is respectfully submitted, together with the accompanying resolutions, by

DANIEL DORCHESTER,	} Joint Select Committee on the State Humane Institutions.
ALFRED NORTH,	
D. W. DENISON,	
J. W. THAYER,	
WM. BLACKSTONE,	
SHERMAN PECK,	
EZRA PARKER,	
LYMAN MEAD,	
JAMES L. SELDEN,	



PROCEEDINGS
OF THE
Connecticut Medical Society.
M.DCCC.LVI.





PROCEEDINGS

OF THE

SIXTY-THIRD ANNUAL CONVENTION

OF THE

Conn. Medical Society,

MAY, 1856,

WITH A LIST OF MEMBERS.

HARTFORD:

PRESS OF CASE, TIFFANY AND COMPANY.

M.DCCC.LVI.

Officers of the Society.

BENJAMIN H. CATLIN, M. D., PRESIDENT.
ASHBEL WOODWARD, M. D., VICE-PRESIDENT.
GEORGE O. SUMNER, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

Standing Committees.

Committee of Examination.

BENJAMIN H. CATLIN, M. D., *ex-officio*.
WILLIAM W. WELCH, M. D.
REYNOLD WEBB, M. D.
A. T. DOUGLAS, M. D.
CHARLES WOODWARD, M. D.
NATHAN S. PIKE, M. D.

Committee to nominate Physician to the Retreat for the Insane.

D. P. FRANCIS, M. D.
JONATHAN KNIGHT, M. D.
ISAAC G. PORTER, M. D.
DAVID CRARY, M. D.
C. H. BROMLEY, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

DAVID HARRISON, M. D.
E. K. HUNT, M. D.
R. M. FOWLER, M. D.
WILLIAM N. CLARK, M. D.
ROBERT HUBBARD, M. D.

PROCEEDINGS.

THE Annual Convention of the President and Fellows, of the Connecticut Medical Society, was held in the Medical College in the city of New Haven, May 28, 1856.

The President called the Convention to order, when the certificates of the election of Fellows were read by the Secretary, and referred to a committee, consisting of Drs. C. Byington, Ashbel Woodward, and H. W. Hough, who reported the following list of

FELLOWS.

HARTFORD COUNTY.

Joseph Olmsted, M. D.
M. L. Fiske, M. D.
David Crary, M. D.
*R. A. White, M. D.
S. L. Child, M. D.

NEW LONDON COUNTY.

Austin F. Perkins, M. D.
A. T. Douglass, M. D.
Renjamin D. Dean, M. D.
Ashbel Woodward, M. D.
John C. Bolles, M. D.

FAIRFIELD COUNTY.

Ira Gregory, M. D.
Justus Sherwood, M. D.
Robert Hubbard, M. D.
D. S. Burr, M. D.
A. L. Williams, M. D.

MIDDLESEX COUNTY.

Charles Woodward, M. D.
Elisha B. Nye, M. D.
Benjamin M. Fowler, M. D.

NEW HAVEN COUNTY.

P. A. Jewett, M. D.
Charles Byington, M. D.
Sheldon Beardsley, M. D.
Edward W. Hatch, M. D.
Moses C. White, M. D.

WINDHAM COUNTY.

Henry W. Hough, M. D.
L. Holbrook, M. D.
Calvin B. Bromley, M. D.
Nathan S. Pike, M. D.
*Asa Witter, M. D.

LITCHFIELD COUNTY.

Samuel W. Gold, M. D.
G. B. Miller, M. D.
George Seymour, M. D.
S. T. Salisbury, M. D.
*Myron Downes, M. D.

TOLLAND COUNTY.

Edwin G. Sumner, M. D.
F. L. Dickinson, M. D.
William N. Clark, M. D.

* Absent.

The President, Dr. WILLIAM H. COGSWELL, stated that in consequence of ill health, he had not been able to prepare an address, and he declined a re-election.

Voted, That the test in resolution passed in 1853, be applied to the election of officers for the ensuing year.

After the appointment of Drs. C. Woodward, and Robert Hubbard as Tellers, and an informal ballot for the several offices to be filled, the Convention then proceeded to the election of officers for the ensuing year, when the following gentlemen were duly elected, *viz.*:

BENJAMIN H. CATLIN, M. D., PRESIDENT.

ASHBEL WOODWARD, M. D., VICE-PRESIDENT.

GEORGE O. SUMNER, M. D., TREASURER.

JOSIAH G. BECKWITH, M. D., SECRETARY.

The President appointed the following gentlemen a committee to bring forward the unfinished business of last year, *viz.*, Drs. Sherwood, Dean, Crary, Salisbury, Pike, Fowler, and Clarke.

Dr. Child presented the report of the Sanitary Committee of Hartford County Medical Society, which was referred to a committee consisting of Drs. Child, Hatch, Douglas, Gregory, Pike, Seymour, Nye, and Sumner.

Dr. Jewett presented to the Convention an abstract prepared by Dr. Beresford, from a biographical notice of the late Myron W. Wilson, M. D., which had been read before the Hartford County Medical Society at its annual meeting, which was, on motion, ordered to be published by the Secretary with the Proceedings of the Convention.

Dr. Jewett offered the following resolution:

Resolved, That no member of this Society shall be recommended to the President and Fellows of Yale College for the Honorary Degree of Doctor of Medicine, until such member shall have been in the practice of Medicine for the period of twenty-five years, at least, and no more than one shall be recommended from this State in any one year, and such Degree shall be conferred solely on the ground of distinguished merit and honor of the individual.

The resolution was referred to the committee, to be appointed, on Honorary Degrees and Honorary Members.

Dr. Hunt, of Hartford, through Dr. Crary, made the following communication to the Convention:

Whereas, this society, having been notified that a person is to be commissioned to ascertain the number of idiots throughout the State, by a visit and inquiries in the several towns thereof, and also that the number of the insane and deaf and dumb, within the limits of the commonwealth, can at the same time be ascertained with accuracy and with little increase of expense: Therefore,

Resolved, As the sense of this society, that so favorable an opportunity for procuring information of so much practical importance as that proposed ought not to be neglected, and that our Fellows be instructed to bring the subject before the State Medical Society at its next ensuing Convention, and ask on its part such action, by petition or otherwise, as in its wisdom shall seem most likely to secure the object in view.

The communication was referred to Drs. Crary, Byington, and Burr, who were instructed to report to the present Convention.

The report of the Treasurer was then read, accepted, and referred to a committee consisting of Drs. Dean, Miller, and Sherwood to examine and audit the same.

Abstract of Treasurer's Report.

Cash in Treasury,	\$150.30
Due from Clerks,	\$1,298.82½
Deduct two-fifths for bad debts, abatements, commissions, &c.,	519.53
Leaves	779.29½
Amount of assets,	\$929.59½
The Society owes for outstanding debentures,	423.25
Leaves balance in favor of Society,	\$506.34½

Drs. Salisbury, Olmsted, Beardsley, Perkins, Williams, Hough, Nye, and Clarke were appointed a committee on Gratuitous Students.

Drs. Charles Woodward, Jewett, Fisk, Hubbard, Bromley, Gold, Bolles, and Dickinson, were appointed Committee on Honorary Degrees and Honorary Members.

Drs. Seymour, Burr, and Sumner were appointed Committee on Debentures.

The Convention then adjourned to 2 o'clock, P. M.

Two o'clock, P. M.

The Convention came together and were called to order.

The Convention then proceeded to an election to fill the vacancies in the several Standing Committees of the Society, when the following gentlemen were elected to fill the vacancies in the Committee of Examination, *viz.* :

Charles Woodward, M. D., and Nathan S. Pike, M. D., to fill the regular vacancies, and

A. T. Douglas, M. D., to fill the unexpired term of Dr. Catlin's office, made vacant by his election to the Presidency, and becoming thereby a member *ex-officio*.

David Crary, M. D., and Calvin H. Bromley, M. D., to fill the vacancies in the committee to nominate Physician to the Retreat for the Insane.

William N. Clark, M. D., and Robert Hubbard, M. D., to fill the vacancies in the Committee to nominate Professors in the Medical Institution of Yale College.

The following select committees were appointed, *viz.* :

Drs. Jewett, Douglas, and Robert Hubbard, to nominate Dissertator to the next Convention.

Drs. Sheldon, Beardsley, Fisk, Bolles, Gregory, Pike, Gold, Williams, and Dickinson, to nominate Delegates to the National Convention.

Dr. Dean, from the committee appointed to audit the report of the Treasurer, reported that they had examined the same and found it correct.

Dr. White reported the action of the New Haven County Medical Society, and the City Association on the subject of conducting a system of Meteorological Observations in the several counties of this State according to the plan proposed by the Smithsonian Institute, and adopted by the Legislatures of New York, Massachusetts, Ohio, and Missouri. Several interesting facts were reported from the association by Dr. White, exhibiting the facilities now presented through the mediums of the Patent Office and Smithsonian Institute, for collating and giving publicity to these observations, also their practical bearings upon Science, Navigation, Hygiene, and Agriculture, and all the interests connected therewith, and that the demands of advancing science required some action from the State Medical Society, by

memorializing the Legislature to appoint a medical commission to establish stations and procure the necessary apparatus, or in some other way which they might deem proper and expedient.

The report and accompanying documents were referred to a committee on the Hartford Sanitary Resolutions, and Dr. White was added to the committee on said resolutions.

The letter of Dr. John D. Ford, who was appointed Dissertator to the present Convention, was then read, stating that continued ill health had unfitted him from fulfilling the appointment, and in the present condition of his health it would be unwise and impolitic in the Convention to continue the appointment.

Also, an apology was made for Dr. H. W. Buel, his substitute, that he had been absent from the State until recently, and that he received the notice of the inability of Dr. Ford to fulfill the appointment, too late to prepare a Dissertation for the present Convention.

The whole matter was referred to the committee on that subject.

Dr. Child, from the Committee on the Hartford County Sanitary Reports, reported, that in the opinion of the committee, sanitary investigations and reports should receive more general attention from members of our profession, and recommended that the Secretary of the State Society be requested to publish with its proceedings so much of the reports laid before this Convention as he may deem proper.

The report was accepted and the committee discharged.

Dr. Crary then offered the following resolution which was unanimously adopted.

Resolved, That in the death of MYRON W. WILSON, M. D., of Hartford, the Society as well as the medical profession have lost a worthy and useful member.

Dr. Hunt, from the Standing Committee to nominate Professors for the Medical Institution of Yale College, made a report, which was read by the Secretary, and will be found in the appendix to the proceedings.

Dr. Charles Woodward, from the Committee on Honorary Degrees and Honorary Members, and to whom was referred the resolution of Dr. Jewett in relation to the qualifications which should be deemed essential in the person to be recommended by this Society for said Honorary Degree, reported,

That they approved of the resolution and recommended its adoption by the Convention, and that hereafter no person be recommended

for said distinguished honor, except after having been a practitioner for at least twenty-five years, and that said degree shall be conferred solely on the ground of distinguished merit and the honorable reputation of the individual, and only one in any year from the State.

The Committee further reported the names of Dr. John Atwood Tomlinson, of Harrodsburg, Kentucky, and Dr. Gilman Kimball, of Lowell, Mass., and also, Dr. Chester Hamlin, of Granby, Conn., for the Honorary Degree of Doctor of Medicine; also of Dr. Foster Hooper, of Fall River, for Honorary Membership.

The report of the committee was accepted and the committee discharged.

The Convention then proceeded to ballot for the gentlemen recommended by the committee and they were unanimously elected, as follows, *viz.*:

Drs. Tomlinson, Kimball, and Hamlin, to be recommended by the Convention to the President and Fellows of Yale College, for the Honorary Degree of Doctor of Medicine, and Dr. Foster Hooper an Honorary Member of the State Medical Society.

Dr. Dean offered an obituary notice of the late Dr. ROSWELL BRONSON, of New Haven county, which was referred to the New Haven County Medical Society for their action at the next annual meeting.

Dr. Crary, from the committee to whom was referred Dr. Hunt's resolution in reference to collecting statistics of the number of the insane and deaf and dumb, reported the following resolution:

Resolved, That a Committee of three be appointed by this Society to petition the Legislature of this State, now in session, to appoint one person in every town to collect statistics of the insane and the deaf and dumb, throughout the State, and make report thereon.

Report of Committee accepted and resolution adopted.

Dr. Jewett, from the Committee to report the names of Dissertators for the next Convention, reported the names of the following gentlemen, *viz.*:

Benjamin D. Dean, M. D., of Norwich, for Dissertator, and Henry W. Buel, M. D., of Litchfield, as substitute.

Report accepted and the gentlemen were severally appointed as recommended.

Dr. Salisbury, from the Committee on Gratuitous Students, reported that the following gentlemen had been elected by the county meetings holden in their respective counties, *viz.*:

Hartford county,
 New Haven county,
 Middlesex county,
 New London county,
 Fairfield county,

Stephen E. Fuller,
 William C. Miner,
 Hamilton J. Lee,
 William S. C. Perkins,
 George W. Burtch.

That the counties of Windham, Litchfield, and Tolland, have selected no gratuitous students and are therefore vacant ; but that in the opinion of your committee, there are no applicants who would fill the vacancies creditably to the profession and the society, and they therefore have made no recommendation of candidates for said vacancies.

The committee further recommend the appointment of a committee to petition the Legislature for the following alteration in the Charter of the Society, in the words following :

“Provided also, that no student shall be recommended as aforesaid, unless he shall have previously attended one course of Lectures in the Medical Institution of Yale College.”

The report of the committee was accepted in part, and the resolution providing for the proposed alteration of charter, was recommitted to the committee for further consideration in reference to dispensing with gratuitous students altogether.

The committee to whom was referred the application of the New Haven Medical Association, the New Haven County Society, and the Hartford County Medical Society, asking the attention of the Convention to the importance of a system of Meteorological Observations in this State, through Drs. Crary and White, made the following report :

That this Convention consider it highly desirable that a system of Meteorological Observations be conducted in each county in the State according to the plan proposed by the Smithsonian Institute, and adopted by Massachusetts, New York, Ohio, and Missouri.

Resolved, That a committee be appointed to bring this subject to the attention of the Legislature of this State, and secure, if practicable, suitable legislation on this subject.

Report of the committee accepted, resolution adopted, and committee discharged.

Adjourned to meet at 8 o'clock, to-morrow morning in the Hospital.

New Haven Hospital, 8½ o'clock, A. M.

The Convention was called to order by the President.

The committee to whom was referred the further consideration of the proposed alteration in the Charter of the Connecticut Medical Society in its connection with Yale College, made a further report, which, after discussion, resulted in the adoption of the alteration proposed in their report, requiring a previous attendance upon one course of Lectures at Yale College as indispensable to an election or appointment to a gratuitous course of lectures at Yale College.

Prof. Charles Hooker, of New Haven, Dr. J. G. Beckwith, of Litchfield, Dr. J. H. Hoyt, of Greenwich, were appointed a committee to procure such an alteration of Charter from the Legislature, as would conform to the views of the Convention.

Dr. Charles Woodward offered the following resolution in reference to the postponement of the time for holding the annual meeting of the American Medical Association.

Resolved, That this Convention respectfully recommend to the American Medical Association to change the regulation for the time of holding the annual meetings of the Association so that meetings in the northern cities may be held at a later season of the year.

Adopted unanimously.

The committee appointed to present the memorial of the Connecticut Medical Society to the Legislature of this State, and ask for an appropriation for the establishment of Meteorological Observations in this State, were Dr. Moses C. White, New Haven, Dr. J. G. Beckwith, of Litchfield, and Dr. S. G. Hubbard, of New Haven.

The committee appointed to nominate Delegates to the National Convention, at Nashville, Tennessee, on the first Tuesday in May, 1857, reported the following names: P. G. Rockwell, of Waterbury, Seth L. Child, of East Hartford, David S. Burr, of Westport, Norman Brigham, of Mansfield.

The report was accepted, and the delegates were appointed, and the committee discharged.

On motion of Dr. Jewett,

Resolved, That a committee of one from a county be appointed as

Delegates to the Massachusetts Medical Society at their next annual Convention.

The following gentlemen were appointed, viz.:

Hartford county,	Seth L. Child,
New Haven county,	P. A. Jewett,
New London county,	Austin F. Perkins,
Windham county,	James B. Whitcomb,
Fairfield county,	Lewis Richards,
Litchfield county,	J. G. Beckwith,
Middlesex county,	Ira Hutchinson,
Tolland county,	F. L. Dickinson.

On motion of Dr. Dean,

Resolved, That a tax of one dollar and fifty cents be levied on each member of this society, for the ensuing year, and made payable on the 1st day of June next.

Resolution passed, and the tax laid.

Resolved, That the thanks of this Convention be tendered to Dr. WILLIAM H. COGSWELL, for the able and impartial manner in which he has discharged the duties of President of this Society for the last two years.

Adopted unanimously.

Resolved, That the heartfelt thanks of this Convention be cordially tendered to the members of the New Haven City Medical Association for their kind attention and generous hospitality to the members of this Convention during its present session.

The Committee on Debentures made a report, which was accepted and ordered to be paid.

On motion, the Convention then adjourned, *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

Members of the Society.

HONORARY MEMBERS.

JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
BENJAMIN SILLIMAN,	New Haven.
*THEODORE ROMEYN BECK,	Albany, N. Y.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	Springfield, Mass.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	Montgomery, Ala.
JOHN WATSON,	New York.
FRANK H. HAMILTON,	Geneva, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL,	Albany, N. Y.
FOSTER HOOPER,	Fall River, Mass.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

JOSEPH OLMSTED, M. D., Chairman.

WILLIAM R. BROWNELL, M. D., Clerk.

HARTFORD, Henry Holmes, Samuel B. Beresford, George B. Hawley, Gardon W. Russell, David Cray, P. W. Ellsworth, <i>Benjamin Rogers</i> , E. K. Hunt, John S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, <i>H. Gridley</i> , William Porter, John F. Wells, William R. Brownell, P. M. Hastings, S. C. Preston, J. S. Curtis, Edward Brinley, Stephen H. Fuller.	Unionville, William H. Sage.
AVON, Alfred Kellogg.	GLASTENBURY, Clinton Bunce.
BERLIN, E. Brandagee, Jr.	South Glastenbury, C. E. Hammond, Luman J. Andrus, Henry Gilbert.
NEW BRITAIN, Samuel Hart, Roswell Hawley, E. D. Babcock, B. N. Comings, S. W. Hart.	Eastbury, Sabin Stocking.
BLOOMFIELD, Henry Gray.	GRANBY, Joseph F. Jewett.
BRISTOL, Joseph W. Camp, John S. Moody, Lomis North.	East Granby, Chester Hamlin.
BURLINGTON, William Elton, 2d.	West Granby, Justus D. Wilcox.
CANTON, <i>Collinsville</i> , Russell H. Tiffany.	North Granby, Francis F. Allen.
EAST HARTFORD, Seth L. Child, Clarence M. Brownell.	MANCHESTER, W. C. Williams, W. Scott.
EAST WINDSOR, Hiram Watson.	ROCKY HILL, Sylvester Bulkley, R. W. Griswold.
Broad Brook, Marcus L. Fisk.	SIMS BURY, Roderick A. White.
Warehouse Point, Joseph Olmstead.	Tariffville, George W. Sanford.
ENFIELD, J. P. Converse, A. L. Spalding, H. A. Grant.	SOUTHINGTON, Julius S. Barnes, N. H. Byington, F. A. Hart.
Thompsonville, J. Bailey Beach, L. S. Pease.	SOUTH WINDSOR, Horace C. Gillette, H. Goodrich.
FARMINGTON, Asabel Thompson.	East Windsor Hill, Wm. Wood, Sidney Rockwell.
Plainville, G. A. Moody.	SUFFIELD, S. B. Low, Aretus Rising.
	West Suffield, O. W. Kellogg.
	WETHERSFIELD, E. F. Cooke, A. S. Warner, R. Fox.
	WEST HARTFORD, Edward Brace.
	WINDSOR, William S. Pierson, A. Morrison, Samuel A. Wilson.
	Windsor Locks, Samuel W. Skinner.
	Poquonock, Oliver B. Griggs.

NEW HAVEN COUNTY.

L. N. BEARDSLEY, M. D., Chairman.

JOHN NICOLL, M. D., Clerk.

NEW HAVEN, *Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, Caleb H. Austin, A. S. Munson, Chas. Hooker, Nathan B. Ives, E. H. Bishop, E. D. North, J. A. Totten, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Mathews, C. A. Lindsley, Worthington Hooker, T. P. Beers, Jr., Charles Byington, N. W. Taylor, Samuel Lloyd, H. L. Fitch, Thomas H. Totten, J. K. Downs, John Nicoll, Moses C. White, Leonard J. Sanford, C. L. Ives, Hobart Keese.*
Fair Haven, C. S. Thompson, W. M. White, Lyman Parker, J. H. Beecher.
 BETHANY, *Asa C. Woodward.*
 BRANFORD, *Willoughby L. Lay, Jacob O. Loomis.*
 NORTH BRANFORD, *Sheldon Beardsley.*
 CHESHIRE, *A. J. Driggs, Harvey B. Way, Noah B. Welton.*
 DERBY, *Ansonia, Samuel P. Church. Birmingham, Ambrose Beardsley, T. Dutton.*

HAMDEN, *E. D. Swift. Humphreysville, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.*
 EAST HAVEN, *Bela Farnham.*
 North Haven, *Roswell F. Stillman.*
 GUILFORD, *Joel Canfield, Alvan Talcott.*
 MADISON, *Reynold Webb, D. M. Webb.*
 MERIDEN, *Lewis Barnes.*
 West Meriden, *B. H. CATLIN, Edward W. Hatch.*
 Yalesville, *C. B. McCarty.*
 MILFORD, *Hull Allen, L. N. Beardsley.*
 NAUGATUCK, *J. D. Mears, Henry Pierpont.*
 SOUTHBURY, *A. B. Burritt.*
 South Britain, *N. C. Baldwin.*
 WALLINGFORD, *Nehemiah Banks, Samuel N. Rowell.*
 WATERBURY, *M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, M. H. Perkins, Sturges Bulkley, P. G. Rockwell, Thomas Dougherty.*
 WOODBRIDGE, *Isaac Goodsell, Andrew Castle.*

NEW LONDON COUNTY.

M. D., Chairman.

BENJAMIN D. DEAN, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard, Nathaniel S. Perkins, James Morgan, Isaac G. Porter, William W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwaring.*
 NORWICH, *Richard P. Tracy, Erastus Osgood, Elijah Dyer, Elisha Phinney, John D. Ford, Edwin Bentley, Benjamin D. Dean, John P. Fuller, Alonzo Fuller, Horace Thurston, Henry W. Leach, Daniel G. Gulliver, A. B. Huile.*
 BOZRAH, *Samuel Johnson.*
 COLCHESTER, *Ezekiel W. Parsons, Frederick Morgan, Melancton Storrs.*
 EAST LYME, *John L. Smith, Austin F. Perkins.*
 FRANKLIN, *Ashbel Woodward.*

GRISWOLD, *Jewett City, William Soule.*
 GROTON, *Joseph Durfey.*
 Noank, *A. T. Douglass.*
 LEBANON, *Joseph Comstock, Ralph P. Greene.*
 LEDYARD, *Gale's Ferry, Rufus W. Mathewson.*
 LYME, *Richard Noyes.*
 North Lyme, *Wm. W. J. Warren.*
 MONTVILLE, *John C. Bolles.*
 Uncasville, *Samuel E. Maynard.*
 PRESTON, *Eleazer B. Downing.*
 SALEM, *Nathaniel Foote.*
 STONINGTON, *William Hyde, George E. Palmer, William Hyde, Jr.*
 Mystic, *Mason Manning.*
 Mystic Bridge, *E. F. Coats, A. W. Coats.*

FAIRFIELD COUNTY.*

M. D., Chairman.

JUSTUS SHERWOOD, Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.	HUNTINGTON, James H. Shelton.
Greenfield, Rufus Blakeman.	MONROE, Salmon H. Hall.
Southport, Justus Sherwood.	NEW CANAAN, Samuel S. Noyes, Lewis Richards.
BRIDGEPORT, D. H. Nash, Frederick J. Judson, L. W. Burritt, William B. Nash, Robert Hubbard, H. N. Bennett, L. F. Humiston.	NORWALK, John A. McLean, Ira Gregory.
BROOKFIELD, Noah A. Lacey, A. L. Williams.	STAMFORD, N. D. Haight, Samuel Sands, Lewis Hurlburt.
DANBURY, R. B. Botsford, E. P. Bennett.	STRATFORD, William T. Shelton.
EASTON, James Baldwin, Abram P. Ticknor.	TRUMBULL, ELIJAH MIDDLEBROOK, George Dyer.
	WESTPORT, George Blackman, David S. Burr.

WINDHAM COUNTY.

LEWIS WILLIAMS, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, William Woodbridge.	Moosup, Morey Burgess, Lewis E. Dixon, Frank Burgess.
ASHFORD, John H. Simmons.	Plainfield Center, Charles H. Rogers.
CANTERBURY, Elijah Baldwin, Joseph Palmer.	POMFRET, Hiram Holt, Lewis Williams.
CHAPLIN, Orrin Witter.	STERLING, William A. Lewis, Nathan S. Pike.
HAMPTON, Dyer Hughes.	THOMPSON, Lowell Holbrook, John McGregor.
KILLINGLY, Daysville, Justin Hammond.	VOLUNTOWN, Harvey Campbell.
South Killingly, Daniel A. Hovey.	WINDHAM, Chester Hunt, De Witt C. Lathrop.
East Killingly, E. E. Hill.	Willimantic, John Hill, Jr.
West Killingly, David E. Hall, Samuel Hutchins, Stephen C. Griggs.	Scotland, Calvin B. Bromley.
Putnam, Henry W. Hough, Thomas W. Perry.	WOODSTOCK, North, Asa Witter.
PLAINFIELD, WM. H. COGSWELL.	South Woodstock, Lorenzo Marcy.
	West Woodstock, Milton Bradford.

LITCHFIELD COUNTY.

WILLIAM WOODRUFF, M. D., Chairman.

HENRY W. BUELL, M. D., Clerk.

LITCHFIELD, Josiah G. Beckwith, Geo. Seymour, D. E. Bostwick, E. Osborn, H. W. Buel.	CANAAN, Ithamar H. Smith, A. A. Wright.
South Farms, Garry H. Miner, George Adams.	South Canaan, John A. Gillett.
	CORNWALL, Burritt B. North.
	West Cornwall, Samuel W. Gold.

* No returns from the Clerk of Fairfield county—we insert the last year returns.

COLLEBROOK, Seth Pease.	NEW HARTFORD, South, A. E. Barber.
Gaylord's Bridge, Gamaliel H. St. John.	SHARON, Ralph Deming, Chauncey Reed.
GOSHEN, A. M. Huxley.	TORRINGTON, Wolcottville, Erastus Bancroft, J. W. Phelps.
HARWINTON, V. Miller, G. B. Miller.	WARREN, Jno. B. Derickson.
KENT, Wells Beardsley.	Woodville, Manley Peters.
NEW MILFORD, Jehiel Williams.	WASHINGTON, R. M. Fowler.
Bridgewater, Horace Judson.	New Preston, Sidney H. Lyman, Edward P. Lyman.
NORFOLK William W. Welch, John H. Welch.	WINCHESTER, West Winsted, James Welch, J. W. Bidwell.
PLYMOUTH, Samuel T. Salisbury.	WOODBURY, Charles H. Webb.
Plymouth Hollow, William Woodruff.	
ROXBURY, Myron Downs.	
SALISBURY, Falls Village, C. B. Maltbie.	
Lakesville, Benjamin Welch, Win. M. Knight.	

MIDDLESEX COUNTY.

ASA H. KING, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, Joseph Barrett, Charles Woodward, William B. Casey, David Harrison, Elisha B. Nye, George W. Burke, Miner C. Hazen.	EAST HADDAM, Asa M. Holt, Datus Williams.
CHATHAM, East Hampton, Francis G. Edgerton.	HADDAM, Edwin Bidwell.
Middle Haddam, A. B. Worthington.	Higganum, William H. Tremaine.
CHESTER, S. W. Turner.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
CLINTON, Denison H. Hubbard.	SAYBROOK, Asa H. King.
CROMWELL, Ira Hutchinson.	Deep River, Rufus Baker.
DURHAM, Benjamin M. Fowler.	OLD SAYBROOK, Essex, Alexander H. Hough, Frederick W. Shepard.

TOLLAND COUNTY.

F. L. DICKINSON, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, Oliver K. Isham, Gilbert H. Preston.	South Mansfield, Earl Swift.
BOLTON, Charles F. Sumner.	SOMERS, Orson Wood, Erasmus E. Hamilton.
COLUMBIA, Harrison McIntosh.	STAFFORD, East, William N. Clark,
COVENTRY, North, Eleazer Hunt.	Eleazer S. Beebe.
So. Coventry, T. Dimock, H. S. Dean.	Stafford, West, Joshua C. Blodget.
ELLINGTON, Horatio Dow.	UNION, E. Linsley.
HEBRON, JOHN S. PETERS, Orrin C. White.	VERNON, John B. Lewis.
MANSFIELD, North, Norman Brigham,	Rockville, Alden Skinner.
W. H. Richardson.	WILLINGTON, Francis L. Dickinson.
Eagleville, Edwin G. Sumner.	Staffordville, Stephen F. Pomeroy.

**SUMMARY OF ORDINARY MEMBERS FOR 1856, WITH THE
DEATHS IN THE YEAR ENDING APRIL 1, 1856.**

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	78	6	84	1
New Haven County,	70	11	81	2
New London County,	35	12	47	0
Fairfield County,	21	7	28	0
Windham County,	29	5	34	0
Litchfield County,	36	6	42	2
Middlesex County,	22	1	23	0
Tolland County,	20	5	25	2
Total,	311	53	364	7

NOTE. Former Fellows of the Connecticut Medical Society, are *permanent members* of the annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the By-Laws, to be present at all meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1856.

WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County. Myron W. Wilson, aged 37. Typhoid Fever.
 New Haven County. Abiram Stoddard, aged 79. Old Age. Roswell Bronson, aged —. Pneumonia.
 Litchfield County. Abel Catlin, aged 84. An Injury of the Spine. E. D. Huggins, aged about 30. Typhoid Fever.
 Tolland County. Abijah Ladd, aged 66. Paralysis. Allen Hyde, aged 82.

DUTIES OF CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
1794. Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
1795. Dr. Thaddeus Betts, on the Different Species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
1796. Dr. Lewis Collins, on the most eligible mode of increasing
Medical Knowledge in this State.
1796. Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
1798. Dr. Jared Potter, "An Essay."
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainard.
1827. Dr. Samuel B. Woodward, on the Biography of the Physi-
cians of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental Qualifications necessary to
a Physician.

- 1840. Dr. Richard Warner, on the Advantages of prompt and efficient practice in Acute Diseases.
- 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical Jurisprudence.
- 1842. Dr. Charles Woodward, on Uterine Irritation.
- 1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
- 1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the reasons that it is not awarded by the Community.
- 1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
- 1846. Dr. Theodore Sill, Observations on Typhus Fever.
- 1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.
- 1848. Dr. B. F. Barker, Remarks on some forms of Disease of the Cervix Uteri.
- 1849. Dr. Alvan Talcott, on Hygiene.
- 1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
- 1851. Dr. George Sumner, on the Early Physicians of Connecticut.
- 1853. Dr. Rufus Blakeman, Early Physicians of Fairfield County.
- 1853. Dr. Samuel Beach, on Popularizing Medicine.
- 1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.
- 1855. Dr. Stephen G. Hubbard, on Registration, as the basis of Sanitary Reform.

APPENDIX.

The Standing Committee of Examination Report:

THE Board of Examiners convened on Wednesday, January 9, 1856. Present, on the part of the Connecticut Medical Society:

William H. Cogswell, M. D., of Plainfield, President; Reynold Webb, M. D., of Madison, and Benjamin H. Catlin, M. D., of Meriden.

And on the part of Yale College, Professors J. Knight, C. Hooker, H. Bronson, W. Hooker, and B. Silliman, Jr.

After the organization of the Board, thirteen candidates read Dissertations, and after examination, were recommended for the degree of Doctor in Medicine, viz.:

1. Leonard Woolsey Bacon, B. A., 1850, New Haven, Dissertation; a Review of "A Monograph on Mental Unsoundness, by Francis Wharton."
2. William Bissell, B. A., 1853, Litchfield, on "Iritis."
3. George Beriah Bouton, New Haven, on "Abortion."
4. Oliver H. Bronson, Cheshire, on "Wounds of Arteries with Hemorrhage."
5. Luther Clark Cox, Easton, Md., on "Anesthesia."
6. William Deming, Litchfield, on "The Functions of the Liver."
7. Henry L. Fitch, New Haven, on "The Diarrhea of Children."
8. Richard Foot, New Haven, on "Hydrocephalus."
9. Joseph Shelton French, B. A., 1853, Bridgeport, on "Croup."
10. Elijah Gregory, Danbury, on "Scarlatina."
11. Cyrus Brownlie Newton, Somers, on "Concussion and Compression."
12. Stephen F. Pomeroy, South Coventry, on "Croup."
13. James A. Richards, B. A., Amherst, New Haven, "Vegetable and Animal Respiration, with Valedictory Address."

One License only was granted by the President of the Connecticut Medical Society, and that was to William Camp, of Newtown, whose Dissertation was on "Inflammation."

John D. Ford, M. D., of Norwich, and William W. Welch, M. D., of

Norfolk, were appointed to give the Annual Addresses to the candidates in 1856 and 1857.

The Board then adjourned to meet on Tuesday, July 29th, 1856, for a semi-annual examination.

And your committee would further report :

That the Commencement Exercises which came off in the Medical College on the evening of the 10th, were of much interest, and were attended by a large audience of ladies and gentlemen.

The Valedictory Address was given by Dr. James A. Richards, of the Graduating Class, which was creditable to the author ; and the Annual Address to the Candidates, by Benjamin H. Catlin, M. D., of Meriden, Vice-President of the Connecticut Medical Society, and a member of the Board of Examiners, which was particularly able and appropriate ; after which the Degrees were conferred by President Woolsey, of Yale College.

All which is respectfully submitted.

W. H. COGSWELL, *Chairman.*

REPORT OF STANDING COMMITTEE ON NOMINATING PROFESSORS.

*To the Fellows of the Connecticut Medical Society, in Convention at
New Haven, May 28th, 1856.*

THE Committee of this Society appointed to nominate, on its part "Professors in the Medical Institution of Yale College," respectfully report :

That on the resignation of Prof. T. P. BEERS, they were summoned by the President to meet a committee of the College Corporation, to name a successor.

The committee of the Corporation present, consisted of the Rev. Jeremiah Day, D. D., Prof. B. Silliman, Senior, and Hon. Henry Dutton ; and from the Connecticut Medical Society, Drs. W. C. Williams, David Harrison, and E. K. Hunt.

The letter from Prof. BEERS announcing his resignation having been read, it was voted unanimously, that the name of PLINY A. JEWETT, M. D., of New Haven, be presented to the Corporation for their appointment to the vacant Professorship.

B. SILLIMAN, *Chairman.*

E. K. HUNT, *Secretary.*

NEW HAVEN, April 16, 1856.

Biographical Sketch of Dr. Wilson.

The following remarks have been extracted from a Memoir of the late MYRON W. WILSON, M. D., read before the Hartford Medical Society by Dr. S. B. Beresford, January 7th, 1856.

Dr. MYRON W. WILSON, second son of John W. and Elizabeth Wilson, was born on the 20th of April, 1818, at Watervliet, Albany County, in the State of New York, where his earliest childhood was passed. The family removing to Schenectady, in the same State, he was placed at the Albany Academy, and there obtained his classical and general education.

Selecting the profession of Medicine, he commenced its study at the age of nineteen, with Dr. J. H. Case, of Albany county, remaining with that gentleman one year, and passing the following in the office of Dr. W. N. Duane, of Schenectady. In the winter of 1839 and 1840, he attended the course of lectures at the College of Physicians and Surgeons, of Western New York, during its last session; and again in 1840, resumed his studies at the Jefferson Medical College, Philadelphia, graduating there at the close of the medical term. Immediately after graduation, he received the appointment of resident physician to the Philadelphia Almshouse and Hospital, for a year, and at its expiration returned to Schenectady and commenced practice.

On the 24th of September, 1845, Dr. Wilson married Miss Elizabeth Putnam, eldest daughter of the late Dr. George Sumner, of Hartford, Conn., continuing the pursuit of his profession at Schenectady, until the winter of 1847, when he removed to Hartford.

In this new position, his capabilities as a practitioner, assisted by the influence of Dr. Sumner, soon procured him a respectable share of employment. His business gradually augmenting, was after Dr. Sumner's decease, further increased. At his death it was still increasing; his position was one of unusual promise, and had he survived, his usefulness would probably have been observed, not alone by the public, but by the profession, of which he was an honorable, efficient, and deserving member.

As a physician, Dr. Wilson was practical and well informed. With excellent judgment, and a mind well versed in the medical literature of the day, he also possessed sound discrimination, the result of an experience carefully gathered and remembered.

To the kindest sympathies, were likewise added energy and decision, important qualifications in the practicing physician. At the bed-side of the sick, he was patient, affectionate, and attentive; soothing the timid, assuring

the weak and desponding, and smoothing the pillow of the dying. His remarks were appropriate and comforting, his practice judicious, and whole demeanor such as seldom failed to secure the confidence of patients and friends. In professional intercourse, the doctor was frank, maintaining his own views with firmness, yet ever respectfully considering opposite opinions; and never neglecting the courtesy and forbearance, so essential to harmony and good feeling. Scrupulously observant of medical etiquette, none prized it higher, or felt more pained at any violation of accustomed rules of propriety. An enemy to all quackery, fashionable or vulgar, open or disguised, he has left behind him in the remembrance of his fellow-practitioners, an esteemed and unsullied reputation.

In 1855, Dr. Wilson succeeded the late Dr. Sumner, as Physician to the Connecticut Mutual Life Insurance Company, having for some time previously been associated with him in that appointment.

He was an active, enterprising citizen, an affable, pleasant companion, and a sincere, reliable friend. His social virtues were an attractive element in his character, and could not but be acknowledged by such as knew him intimately.

At the last annual meeting of the American Medical Association, Dr. Wilson was appointed chairman of the Committee on Registration; a favorite subject with him, and one to which he had given earnest attention.

With strong attachment to his profession, was also conjoined marked literary taste; and in 1854, Trinity College, Hartford, Conn., conferred on him the honorary degree of Master of Arts.

Dr. Wilson was a sincere though unpretending Christian. His piety unobtrusive, was yet zealous and fervent. Devotedly attached to the doctrines and forms of the Protestant Episcopal Church, he never ceased to evince the warmest interest in every thing pertaining to its welfare; and had he lived, his energy and usefulness would have been widely felt in every department of Christian benevolence, according to his means and opportunities.

An extensive circle of friends and acquaintances, who loved the man and respected the physician, deeply regret the early removal of one who promised so favorably. While in attendance on two cases of typhoid fever, Dr. Wilson was unfortunately seized with the same malady, on the 10th of September, 1855. The disease, from its invasion severe, soon became threatening and alarming; and notwithstanding the unceasing watchfulness, of anxious attendant physicians, and the devoted care of affectionate relatives and friends, terminated his valuable life, on the evening of the 4th of October following.

If there are no exciting events to be noticed in the life of Dr. Wilson, the daily record of that life, would furnish ample proof of a devotedness to his profession, in all its active, untiring, and self-sacrificing labors, worthy of our best imitation, and above praise. A good and useful man in his generation, he has fallen at an early age, like many of the brethren before him, in the harness of duty. "*Requiescat in pace.*"

Abstract of the Reports

ON THE

SANITARY CONDITION OF HARTFORD COUNTY, FOR 1855.

HARTFORD, BY DR. GURDON W. RUSSELL.

In common with other parts of the county, I would report that the past year has been one of great health, and small mortality. The amount of sickness in the town was less than usual, judging from my own observations and those of others, nor did the cases continue as long, or terminate unfavorably as frequently, as in some former years.

The commencement of the year was cold, and during the month of February the thermometer sunk frequently below zero, on one occasion as low as 15°; the spring months were cold and rainy, and pneumonic complaints prevailed to some extent. June and July were hot and moist, the thermometer rising on one occasion to 98° Fahrenheit in the shade, and for several days in succession ranged from 90° to 95°. The heat was excessive and prostrating, the atmosphere the latter part of the month being quite sultry, so that many prognosticated an unhealthy season, yet I find in minutes made at the time, "that there has been but little sickness during this month; that it has been healthier than usual." The latter part of the year may be characterized as warm and dry.

There has been no epidemic prevailing during the year, and with the exception of typhoid fever, a less amount than usual of diseases of the zymotic class; this fever prevailed mostly during the last six months, and though it was not extensive, yet was far beyond what we are accustomed to meet with here. The mortality was small compared with the number of cases, being I think but nine during the whole year, yet often the symptoms were severe. I made frequent inquiries during this time of different physicians, to ascertain if this was an epidemic constitution affecting this county, or this region, and could not ascertain that it was general in its character; some replied that they had more, and some less than usual, whilst with others a few cases had occurred, as was the custom every year.

There was certainly less of diarrhea and kindred diseases of the bowels, than usual, and the cases were more amenable to treatment, requiring generally but the mildest remedies.

Drs. Wells and Brownell, a committee of the Hartford Medical Society,

reported to that body that the deaths of the city for the year 1855, were returned as 280, classified as follows:

1. Zymotic, (including endemic, epidemic, and contagious,)	58
2. Diseases of general or uncertain seat,	33
3. " " nervous system,	41
4. " " respiratory organs,	72
5. " " organs of circulation,	7
6. " " digestive system,	19
7. " " urinary organs,	3
8. " " generative system,	5
9. " " old age,	8
10. " " external causes,	17
11. " " causes not specified,	5
12. Still born,	12

They say "that notwithstanding the constant increase of our population, the number of deaths is less than in any one of the preceding five years, with the exception of 1853." These remarks, though made with reference to the city, are strictly true of the town also.

The population of the city being 24,095, and the deaths 280, the per centage of the mortality is 1.16.

They remark that "in presenting this report, we would draw the attention of the Society to the number of deaths from diseases of the respiratory organs; this is the only class where our mortuary record is not less than during the preceding year. Here is a marked increase, it being 72, whilst in 1854 it was 61.

"Although the whole number of deaths was much less than during the previous year, yet upon examination we find that during the second quarter, on the months of April, May and June, the reverse is the case, and here as in the previous exception, the difference is very great, the number being 62, whilst during the previous year it was in the corresponding months but 41."

It has occurred to me that the uncommonly cool and moist spring, with great freshets, numerous and long continued, the Connecticut river being on one occasion fourteen feet above low water mark in June, may be some of the causes to which this increased mortality is owing; at these times an easterly or north-easterly wind is apt to prevail, and the atmosphere, chilly and loaded with moisture, is exceedingly uncomfortable and depressing. It may be that some chronic diseases of the respiratory organs were brought to an end by influences of this character, which would with a genial air and pleasant sunshine have been prolonged into the summer or autumn months.

It is to these agencies, or those of a similar character, that we must look for an increase or decrease in this class of diseases, for the other inducing agents are constantly operating, and are supposed to be the same from year to year.

NEW BRITAIN, BY DR. B. N. COMINGS.

The whole number of deaths returned has been 100. From various sources I have been able to learn the causes of death in 66 cases, as follows: Congestion of the Brain, 1; Softening of the Brain from blows, 2; Marasmus, 4; Dropsy, 5; Croup, 2; Erysipelas, 1; Dysentery, 12; Consumption, 11; Fever, Infantile, 2; do. Scarlet, 3; do. Typhoid, 2; do. Puerperal, 1; Cholera Infantum, 3; Pericarditis, 2; Cancer, 3; Old Age, 4; and one each from Suicide, Bronchial Catarrh, Pneumonia, Apoplexy, Inflammation, Asphyxia, Gangrene, and Cyanosis.

The ages of the 100 persons who have died during the year were as follows:

36, (more than one-third) one year and under.

14 over one year and under six, making one-half occurring under six years of age.

The average age of all who have died is 19 years.

" " " 48 Foreigners is 10½ years.

" " " 52 Americans, 28 "

Epidemics. So far as I have been able to learn, New Britain has for many years been more or less subject to epidemic diseases. Its location is perhaps remarkably suited to those diseases which have their origin in local causes. The present site was originally a large swamp interspersed with gravel knolls and hills: the village appears from either of the hills which surround it, to be spread out on an open plain. The original elevations have all disappeared in the process of filling up the swamp, but we have still left within the limits of the borough, six swamps which are too low for building purposes, though all but one of these may be said to be well drained. On the east side of the village, about equally distant from the north and south extremity is a peat swamp, from which several hundred cords of peat are annually taken. The pits from which this is removed are allowed to fill with water, and the air in the immediate neighborhood is often sensibly affected by the impurities which are generated; there is unmistakable evidence that the north and north-west winds bear from its surface, silently and unobserved, the exciting causes of epidemic diseases.

Dysentery. During the months of August and September there were probably not less than 150 cases of dysentery. About one half of them occurred in a small neighborhood south and south-east of this peat swamp. The population of this vicinity is probably one-eighth of the whole village. Of the 12 fatal cases of dysentery reported, 10 occurred here. The causes of disease are often mysterious and unknown, but here is an instance, where the existence of a local cause is too apparent to admit of a doubt, and where an income of a few hundred dollars is balanced in consequences, by a much greater expenditure for avoidable sickness, and by the loss of at least several valuable lives.

Erysipelas prevailed as an epidemic during the month of March, though

only one case proved fatal. In every instance, so far as I am informed, the tumefaction commenced on the nose, and spread more or less over the face and scalp. Nitrate of silver was applied to arrest the disease in a proportion of the cases, but without much apparent benefit. The most satisfactory results were obtained from the tincture of the sesqui-chloride of iron, in doses of from ten to fifteen drops from four to six times a day.*

Review of Causes of Death. The mortality of children (36 per cent.) seems very large when taken in connection with the fact that no general epidemic has prevailed affecting this class of persons. This alarming mortality may in part be accounted for by the habits of life adopted by our foreign population. The population of New Britain is supposed at the present time to be about 4,000; less than one-third are foreigners, mostly Irish and German; of the fifty deaths under six years of age, thirty-six, or two-thirds, were foreigners; thus the proportion of deaths among the children of foreigners is more than double the mortality among the Americans. The average age at which all the deaths reported, have occurred, is nearly three times as great among Americans as among foreigners, being as ten to twenty-eight.

How shall we account for this disproportionate mortality? In New Britain it can not be referred to location, for a very large proportion of the foreign population reside on "Dublin Hill," to the north-west of the village, which would seem to be much the most healthful location in town: the cause must be sought for in the people. A majority of the families may be found in small, unventilated rooms, which serve the various purposes of cooking, sleeping, &c., and furnish a sty for the pig, and a roost for the chickens. In the midst of all this filth and impure air, a strong susceptibility to disease is soon generated; the children are imperfectly clothed, improperly fed, and miserably cared for when sick. Notwithstanding the fact that our foreigners do not live on an average much more than one-third as long as Americans, it is a popular opinion that they are more healthy and vigorous than ourselves. This opinion is often advanced as a supposed fact to prove that the toughening process of exposing children to cold, and all sorts of irregularities of life, is favorable to longevity. On the contrary, the real facts show us that the duration of life is in proportion to the fidelity with which we observe the laws of health, or a proper regard to ventilation, dress, diet, &c., and it is the glory of our profession to impart to the public that knowledge which should enable our fellow-men to live longer, more successfully, and more happily.

* The use of this agent has I suppose become well known to the profession in erysipelas, but I can not refrain from bearing testimony to the good results which have followed its exhibition in my hands. R.

THOMPSONVILLE, BY DR. L. S. PEASE.

This village is nearly comprised in the limits of one-half a mile square, and numbers twenty-three hundred inhabitants. Its topography is indicative of healthfulness. Situated on the east bank of the Connecticut, from its shore the land gradually rises to over one hundred and fifty feet from the bed of the river. Through its center, over a rocky and precipitous bottom, runs a small stream, which is accumulated into three several ponds, furnishing the water-power requisite for manufacturing, and in a sanitary point of view is an efficient sewer. The inclination of the surface being toward the Connecticut, and from either side toward this central stream, greatly facilitates the process of draining. The structure of the soil is of a compact homogeneous nature, or red stone covered with sand, through which water easily percolates and flows off.

The surrounding neighborhood has an undulating surface, composed of a sandy soil, resting on beds of clay; no marshy lands or sources of malaria any where exist.

Thus situated on an eminence which overlooks the river, surrounded by no hills or mountains, all the currents of air which sweep over the valley approach it unobstructed. The river adds its influence also, mitigating the intense heat of summer. The water, though what is called "hard," is apparently as pure as ever burst from a fountain.

These physical causes combine to exert an obvious and powerful influence upon the general health, the extent of which it is difficult to estimate; and I hesitate not to say, that so far as natural causes operate upon the physical frame, there is not a more healthy and salubrious location in this latitude. Hence it is that malarial diseases are entirely unknown; epidemics are rare and generally of short duration; typhoid fevers are but seldom seen, scarce averaging two per annum in this entire population.

But the many causes which operate so powerfully upon a manufacturing population, we have abundant opportunity and occasion to witness. I will only allude to the most obvious. Our population of twenty-three hundred occupy one hundred and fifty dwelling-houses, which are divided into four hundred tenements. The evil of crowding numbers into small unventilated apartments, and the deleterious effects of inhaling noxious air, are more apparent in a manufacturing population than elsewhere, unless we except the confines of a city; here the evil agents are operating on a large scale. If we consider the length of time in which the children of our village are immersed in an atmosphere not only positively deleterious, but at times absolutely poisonous, together with all their other irregularities; if we follow them from their homes to the school, where I have seen an hundred children crowded into a single room not twenty-five feet square, compelled to breathe an atmosphere decidedly impure; if we still follow them at the age of eleven and twelve, from the school to the workshop, as badly if not worse ventilated, and find them compelled to labor as many hours as the adult, we

can only wonder that the result is not invariably bodily disease or mental imbecility; it is no wonder that if a *cold* is to be had that they are the first to take it, or that if influenza prevails they are the first to have a *grippe*. It has been obvious to me, that all the epidemic diseases, especially those incident to earlier life, have the virulence of their contagion, and the severity of their symptoms increased by these causes. I can, doubtless, almost be anticipated, when I say that consumption is the scourge of our village; one-quarter of the entire mortality is from this disease. And how can it be otherwise? What is a favorable soil, or genial clime, a pure atmosphere, or a cerulean sky, where the physical frame is thus overtaxed with labor, and deprived of the life-giving influence of the breath of heaven. The farmer or the horticulturist can not more assiduously cultivate his seed or his plant, to ensure an abundant harvest or a luxuriant growth, than are the seeds of disease thus assiduously nourished.

The causes of death for the year 1855, are as follows: Dropsy, 2; Enteritis, 2; Influenza, 6; Inflammation of Brain, 2; Marasmus, 2; Consumption, 6; and 1 each of Croup, Convulsions, Cyanosis, Old Age, and Scarlatina. Total, 25. Of 81 deaths for the three past years, 21 were from Consumption.

ROCKY HILL, BY DR. R. W. GRISWOLD.

The whole number of deaths during the year, was twenty, returned as follows: Suicide, 1; Sunstroke, 1; Drowned, 1; Insane, 1; Inanition, 1; Unknown, 1; Old Age, 1; Dropsy, 1; Cancer, 1; Disease of Heart, 1; Inflammation of Bowels, 1; Kidney and Urinary Passages, 1; Typhus Fever, 1; Pneumonia, 2; Consumption, 5. This is two per cent. of the population. In 1854 the deaths were three per cent.

As regards age, two were under 1 year, four between 10 and 20, (two of which were the cases returned as "suicide," and "drowned,") five between 20 and 40, (one of which was returned as "sunstroke;") the remaining nine were over 60 years of age; one of the cases of Pneumonia supervened upon Phthisis of long standing. Deducting the cases of accidental death, and considering those of Consumption, and remarking the ages of those deceased from disease, it will be observed that we have a very "clean bill" to present. Although we had about the usual amount of sporadic cases, we may consider that it has been a healthy year, inasmuch as we had no epidemics of any description, and our cases of continued fever were generally of a mild type.

I remark, as last year, the comparative prevalence of Phthisis in my locality; it will be observed that of the causes of death mentioned above, from actual disease, one-third are from consumption. No remarks are needed upon the other cases, except to repeat the regret I expressed last year, that the deaths are not always as accurately returned as it is reasonable to desire.

GRANBY, BY FRANCIS T. ALLEN.

The part of the township in which I reside is free from stagnant water, or large marshes, consisting of rugged hills or mountains, and sandy plains, interspersed with rapid streams of living water.

In February Scarlet Fever prevailed as an epidemic through this and several adjoining towns, small children having it mildly, whilst those from eleven to sixteen were more severely affected. In December this disease again made its appearance, but was mild in its form.

This place has been more healthy during this year than during the two preceding ones, while just across the line, in Massachusetts, we have had more fever than previously.

The Small-Pox appeared in our township in December, but did not come under my observation until this year, so I omit further mention of it for the present.

WETHERSFIELD, BY DR. A. S. WARNER.

A remarkable immunity from epidemic or other diseases, is the noticeable feature in the history of our town for the past year. The whole number of deaths was 34, 9 of which were in Newington, and 8 were in the Connecticut State Prison. Among the causes of death, no one was so prevalent as to deserve notice.

Act Amending the Charter.

An Act in addition to an Act entitled "An Act in relation to the Medical Institution of Yale College."

Be it enacted by the Senate and House of Representatives in General Assembly, convened:

That the Act entitled "An Act in relation to the Medical Institution of Yale College," be and hereby is altered by adding to the third section of said act the words following.

Provided furthermore, that no person shall be recommended as aforesaid to a gratuitous course of lectures, unless such person shall have previously attended one course of lectures in the Medical Institution of Yale College.

Approved, June 29, 1856.

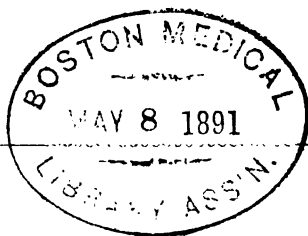


PROCEEDINGS
OF THE
SIXTY-FOURTH ANNUAL CONVENTION

OF THE
Conn. Medical Society,

MAY, 1857,

WITH A LIST OF MEMBERS.



HARTFORD.
PRESS OF CASE, TIFFANY AND COMPANY.
M.DCCC.LVII.



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M.DCCCLVII.

Officers of the Society.

BENJAMIN H. CATLIN, M. D., PRESIDENT.
ASHBEL WOODWARD, M. D., VICE-PRESIDENT.
GEORGE O. SUMNER, M. D., TREASURER.
JOSIAH G. BECKWITH, M. D., SECRETARY.

Standing Committees.

Committee of Examination.

BENJAMIN H. CATLIN, M. D., *ex-officio*.
A. T. DOUGLASS, M. D.
CHARLES WOODWARD, M. D.
P. G. ROCKWELL, M. D.
BENJAMIN D. DEAN, M. D.
JAMES WELCH, M. D.

Committee to nominate Physician to the Retreat for the Insane.

ISAAC G. PORTER, M. D.
DAVID CRARY, M. D.
C. B. BROMLEY, M. D.
N. B. IVES, M. D.
GEORGE BLACKMAN, M. D.

Committee to nominate Professors in the Medical Institution of Yale College.

R. M. FOWLER, M. D.
WILLIAM N. CLARK, M. D.
ROBERT HUBBARD, M. D.
L. N. BEARDSLEY, M. D.
JOHN HILL, JR., M. D.

Standing Committee to confer with State Librarian on Registration.

E. K. HUNT, M. D.
J. G. BECKWITH, M. D.
S. G. HUBBARD, M. D.

PROCEEDINGS.

THE Annual Convention of the President and Fellows, of the Connecticut Medical Society, was held in the city of Hartford, May 27, 1857.

The President called the Convention to order, when the certificates of the election of Fellows were read by the Secretary, and referred to a committee consisting of Drs. Hutchinson, Gillette and Welch, who reported the following list of

FELLOWS.

HARTFORD COUNTY.

J. F. Wells, M. D., Hartford.	R. W. Griswold, M. D., Rocky Hill.
R. Fox, M. D., Wethersfield.	A. Morrison, M. D., Windsor.
H. C. Gillette, M. D., South Windsor.	

NEW HAVEN COUNTY.

N. B. Ives, M. D., New Haven.	John Nicoll, M. D., New Haven.
P. A. Jewett, M. D., New Haven.	W. L. Lay, M. D., Branford.
Andrew Castle, M. D., Woodbridge.	

NEW LONDON COUNTY.

Isaac G. Porter, M. D., New London.* Alonzo Fuller, M. D., Greeneville.
George E. Palmer, M. D., Stonington. Melancthon Storrs, M. D., Colchester.
Benj. D. Dean, M. D., Greenville.

WINDHAM COUNTY.

Hiram Holt, M. D., Pomfret.	*Lewis E. Dixon, M. D., Moosup.
Edwin A. Hill, M. D., East Killingly.	Thos. W. Perry, M. D., Putnam.
John Hill, Jr., M. D., Willimantic.	

FAIRFIELD COUNTY.

*J. McLean, M. D., Norwalk.	*Rufus Blakeman, M. D., Greenfield.
Geo. Blackman, M. D., Westport.	Geo. Dyer, M. D., Trumbull.
*Moses B. Pardee, M. D., So. Norwalk.	

*Absent.

LITCHFIELD COUNTY.

H. M. Knight, M. D., Lakeville. D. E. Bostwick, M. D., Litchfield.
 Wm. Deming, Jr., M. D., Litchfield. James Welch, M. D., West Winsted.
 Ralph Deming, M. D., Sharon.

MIDDLESEX COUNTY.

Ira Hutchinson, M. D., Cromwell. *G. C. H. Gilbert, M. D., Portland.
 Geo. W. Burke, M. D., Middletown.

TOLLAND COUNTY.

Alden Skinner, M. D., Rockville. *S. F. Pomery, M. D., Staffordville.
 *Henry S. Dean, M. D., So. Coventry.

Communications were then read from the Hartford Hospital Society, inviting the Convention to witness the laying of the corner stone of the new Hospital, in said city, at four o'clock, P. M., this day, and also from the Hartford City Medical Society, inviting the Convention to attend a meeting of the Society at half past seven o'clock, this evening, which were read and accepted by the Convention.

The President, Dr. Catlin, then read his annual address,

When Dr. Woodward moved that a vote of thanks be tendered to Dr. Catlin for his able and interesting address, and that he be requested to furnish a copy of the same to the Secretary, for publication with the proceedings of this Convention; adopted unanimously. After which Drs. J. Welch and Nicoll were appointed Tellers, and an informal ballott had for the several offices to be filled. The Convention then proceeded to the election of officers for the ensuing year, when the following gentlemen were duly re-elected, viz.:

BENJAMIN H. CATLIN, M. D., PRESIDENT.

ASHBEL WOODWARD, M. D., VICE PRESIDENT.

GEORGE O. SUMNER, M. D., TREASURER.

JOSIAH G. BECKWITH, M. D., SECRETARY.

The President then appointed the following gentlemen a Committee on the unfinished business of the last year, viz.: Drs. Jewett, B. D. Dean, J. Hill, Jr.

The Committee reported that they could find none; report accepted and Committee discharged.

Communications being in order, were then received from Litchfield

*Absent.

Co. Medical Society, being resolutions adopted at the county meeting last held, on the subject of Idiocy.

From Hartford Co. Medical Society, being the Sanitary reports received by them from some of the towns in said county on said subject; also, a dissertation read before said Society by P. M. Hastings, M. D., and the resolutions adopted by the Society on the subject of Registration.

On motion of Dr. Ralph Deming,

The Sanitary reports from Hartford County were referred to a Committee of one from a county.

On motion of Dr. Jewett,

The resolutions on Registration were referred to a committee of three, to report thereon.

Also, the resolutions of Litchfield County Medical Society on Idiocy, to a committee of three.

Also, that the dissertation of Dr. Hastings be referred to a committee of three.

The Chair appointed Drs. Knight, Ives, and Burke, said committee on the Litchfield county resolutions.

Drs. Fox, R. Deming and Burke, on Hartford county resolutions on Registration.

Drs. Ives, Welch and Pardee, on Dr. Hastings' dissertation.

On motion of Dr. Dean,

A committee of three were appointed on the address of the President.

Drs. Dean, Bostwick and Blackman were appointed such committee.

The report of the Treasurer was then read, accepted, and referred to a committee consisting of Drs. Morrison, Perry and E. A. Hill.

Abstract of Treasurer's Report.

Cash in Treasury,	-	-	-	-	-	\$208.53
Due from Clerks,	-	-	-	-	\$1,042.41	
Deduct, say two-fifths of this for bad debts,						
abatements, commissions, &c.,	-			416.96		
					<hr/>	625.45
Total Cash and due from Clerks,	-	-	-			\$833.98
The Society owes for debentures outstanding,				-		428.37½
Leaves Balance in favor of Society,	-	-				<hr/> \$405.60½

The Auditing Committee, through their chairman, Dr. Morrison, reported that they had examined the above account of the Treasurer, and found it correct.

Report accepted and committee discharged.

Drs. Holt, Jewett, Wells, Dean, Dyer, R. Deming, and Skinner were appointed a committee on Honorary Degrees and Honorary Members.

Drs. Ives, Geo. Dyer, B. D. Dean, King, Holt and Welch, were appointed committee on gratuitous students.

Drs. Castle, Wm. Deming, Jr., and M. Storrs, on Debentures.

Drs. Gillette, Lay, Dean, J. Hill, Jr., Blackman, R. Deming, Burke, and Skinner, on Sanitary Reports of Hartford County.

The Convention then adjourned to half past two o'clock, P. M.

Half past two o'clock, P. M.

The Convention came together and were called to order.

On motion of Dr. Jewett, the election of the Standing Committees was postponed until to-morrow morning.

On motion, the report of the committee to whom was referred the resolutions of the Litchfield County Medical Society, through their chairman, Dr. H. M. Knight, was then made to the Convention. The committee reported in favor of the adoption of said resolutions and the appointment of a committee of three to memorialize the Legislature now in session in conformity to said resolutions. The report was accepted, the resolutions adopted, and the resolutions were presented to the Legislature, and referred to the Joint Select Committee on Humane Institutions.

On motion of Dr. Beckwith,

Resolved, That whenever the physicians of New Haven deem it expedient to invite the American Medical Association to meet in that city, the State Medical Society will join in the invitation.

Resolution adopted.

Drs. Griswold, Nicoll, Porter, E. A. Hill, Blackman, Wm. Deming, Jr., Burke and Pomeroy, were appointed to report the names of delegates to represent the Connecticut State Medical Society in the American Medical Association, at its next annual meeting, in 1858.

Dr. P. G. Rockwell then presented an invitation to the Convention to hold their next annual convention in the city of Waterbury.

On motion of Dr. Jewett,

The invitation was accepted, and the Convention resolved to hold the next annual convention in the city of Waterbury, on the fourth Wednesday of May, 1858.

Dr. Porter, from the Committee on Gratuitous Students, reported that Samuel C. Chapin had been returned by the Clerk of the New Haven County Medical Society, and H. Webster Jones had been returned as duly elected from Fairfield County Medical Society; that the remaining counties in the State had made no elections for gratuitous students, as appeared from the examination of their returns to the Secretary; and further, that there were no candidates recommended to the committee having the requisite qualifications; the committee recommended, therefore, that the remaining counties remain vacant the ensuing year.

Report accepted and Committee discharged.

Dr. Dean, from the Committee to whom was referred the Address of the President at the opening of the Convention, made a report which was, on motion, accepted.

The Committee reported,

That so much of said address as relates to the organization of the State Medical Society, be referred to a committee of three, who shall perfect a system of organization for the Society during the ensuing year, and report at the next annual convention.

That so much as relates to Sanitary reports and resolutions be referred to the Committee already appointed for that purpose, on the Hartford County Sanitary reports.

And, further, that that portion of the address referring to the resolutions of the American Medical Association be referred to a committee of three.

After the acceptance of the above reports, the Convention, after discussion in which it appeared that several committees had already been appointed by previous conventions, on the subject of a Constitution and By-Laws for the State Medical Society, and said Conventions had uniformly regarded any farther organization as unnecessary, and that the appointment of another committee on said subject by this Convention would not induce a succeeding Convention to adopt any plan of organization in alteration of our present system under the act of incorporation of our present Medical Society, the Convention unanim-

ously resolved not to appoint a committee to form a Constitution for the State Society as recommended by the Committee.

The Convention voted to refer that portion relating to Sanitary reports to the Committee already appointed on the Hartford County Sanitary reports, as recommended by the Committee, and also to appoint a committee of three on the resolutions of the American Medical Association, as recommended.

Dr. Holt, from the Committee on Honorary Degrees and Honorary Members, reported the name of Dr. Ralph Deming, of Sharon, for the Honorary Degree of Doctor of Medicine, Dr. Thomas C. Brinsmade, of Troy, N. Y., Dr. George Chandler, of Worcester, Mass., and Dr. Gilman Kimball, of Lowell, Mass., for Honorary Members.

The report of the Committee was accepted and the Committee discharged.

The Convention then proceeded to ballot for the gentlemen recommended by the Committee and they were unanimously elected, as follows, viz. :

Dr. Ralph Deming to be recommended by the Convention, to the President and Fellows of Yale College, for the Honorary Degree of Doctor of Medicine, and also Drs. Thomas C. Brinsmade, George Chandler and Gilman Kimball as Honorary Members of the Connecticut State Medical Society.

On motion of Dr. Jewett,

Dr. Benjamin D. Dean read his Dissertation in conformity to his appointment as Dissertator to the present Convention—the subject being the “Medical Profession.”

On motion of Dr. Beckwith,

The thanks of the Convention were tendered to Dr. Dean for his able and interesting Address, and it was further resolved that a copy be requested for publication with the proceedings of the Convention.

Unanimously adopted.

Dr. Fox, from the Committee to whom was referred the resolutions of the Hartford County Medical Society on the subject of Registration of Births, Marriages and Deaths, reported,

That they consider it important that the State Medical Society should identify itself with the practical operation of the Law upon this subject, and would therefore recommend that a standing committee of three be appointed by this body to confer and co-operate with the State Librarian, as necessity may require and report to the annual sessions of this Convention.

Report accepted and resolution adopted.

Drs. John F. Wells, J. G. Porter and Thomas W. Perry were then appointed a Committee on that portion of the President's address relating to the resolutions of the American Medical Association.

The report of Dr. Griswold, from the Committee on the Nomination of Delegates to the American Medical Association, was then made, and on motion, recommitted.

Dr. Bostwick, from the Committee to nominate Dissertator to the next Convention, reported the names of Dr. Henry W. Buel, of Litchfield, a Dissertator and Dr. Rufus Baker, of Deep River, as substitute. Report accepted and the gentlemen were severally appointed as recommended.

Dr. Nicoll, from the Committee on Delegates to the American Medical Association, reported the names of

Dr. Edward W. Hatch, of West Meriden,

" A. B. Haile, of Norwich,

" Charles Woodward, of Middletown,

" Edward Brinley, of Hartford.

Report accepted, and the Gentlemen were appointed to represent the Connecticut State Medical Society at the next annual Convention of the American Medical Association, to be held at Washington, D. C., in May, 1858.

Adjourned to 8 o'clock, A. M., Thursday morning.

Thursday Morning, 8 o'clock, A. M.

The Convention was called to order by the President.

An informal communication having been received from Dr. Ellsworth, of Hartford, in reference to certain statements made on Wednesday, to the Convention, in regard to an infringement of medical police, by him in consultation with practitioners who were not members of the Society, and Dr. Ellsworth having denied and explained such allegations, on motion of Dr. Jewett,

Resolved, That P. W. Ellsworth be requested to furnish the Convention at the meeting in Waterbury, with an explanation of the matter referred to in his communication.

Adopted.

Resolved, That the Secretary be requested to furnish Dr. Ellsworth with a copy of the above resolution.

Adopted.

On motion of Dr. Jewett,

Resolved, That Wm. H. Sage, of Unionville, be expelled from this Society, under the by-law which makes it the duty of the Medical Society to expel any member *notoriously* in the practice of Homoeopathy, Hydropathy, or any other form of quackery. Adopted. And Wm. H. Sage was expelled under said by-law from the Society.

On motion of Dr. Beckwith,

Resolved, That there be added to the Committees usually appointed by the Convention, a committee of three, to receive the reports from the several counties on deceased members, with such biographical notices as may have been read before the several county meetings during the year ending April first, in each preceding year.

Resolution adopted.

On motion of Dr. Jewett, the Convention then proceeded to fill the vacancies in the several Standing Committees, when the following gentlemen were elected to fill vacancies in the Committee of Examination, viz. :

P. G. Rockwell, M. D., to fill the vacancy occasioned by the death of Nathan S. Pike, M. D.; Benjamin D. Dean, M. D., and James Welch, M. D., to fill the regular vacancies in said committees.

N. B. Ives, M. D., and George Blackman, M. D., to fill the vacancies in the Committee to nominate Physician to the Retreat for the Insane.

L. N. Beardsley, and M. D., John Hill, Jr., M. D., to fill vacancies in the Committee to nominate Professors to the Medical Institution of Yale College.

E. K. Hunt, M. D., J. G. Beckwith, M. D., and S. G. Hubbard, M. D., were appointed Committee under the resolution adopted by the present Convention to appoint a Standing Committee to confer and co-operate with State Librarian on the Registration of Births, Marriages and Deaths.

On motion of Dr. Ives,

A delegation of one from a County was appointed to attend the Annual Convention of the Massachusetts Medical Society in June, 1858.

On motion of Dr. Jewett, the several Counties were instructed to nominate and report the names of the Delegates selected by them.

The following gentlemen were reported by the several Counties as selected by them, viz. :

Hartford County,	S. B. Beresford.
New Haven "	N. B. Ives.
New London "	Benjamin D. Dean.
Windham "	Hiram Holt.
Fairfield "	George Dyer.
Litchfield "	James Welch.
Middlesex "	Asa H. King.
Tolland "	Alden Skinner.

And they were accordingly appointed by the Convention.

Voted, That said delegates, in case of inability to fulfill their appointments, have power to substitute other members from their several counties to fill vacancies arising thereby.

On motion of Dr. Dean,

Resolved, That a tax of one dollar and fifty cents be laid upon the members of this Society, payable on the first day of June next.

Adopted.

On motion of Dr. Dean,

Resolved, That the thanks of this Convention be tendered to the Hartford City Medical Society, for their generous hospitality to the members of this Convention, during its present session.

Adopted.

On motion of Dr. Sumner,

Resolved, That the Clerks of the several County Medical Societies be directed to furnish the Treasurer with the names of the Fellows elected at their Annual County Meetings, as were required of them, to the Secretary, and in addition thereto.

Adopted.

Drs. Russell, Beckwith and Jewett were appointed a committee to receive reports and examine biographical notices of deceased members, for the past year.

Dr. Catlin, from the Committee of Examination, reported the proceedings of the Standing Committee of Examinations, and the names of the graduates, with the subjects of the Theses presented and defended by them at the annual commencement in January last, with the appointments made by them, &c.

Report accepted.

The Standing Committee on the nomination of Physicians to Re-

treat for the Insane and Professors to Yale College, having performed no duties, (no vacancies having occurred,) made no report.

Dr. Jewett, from the Committee on Deceased Members and Biographical Notices, reported that the notices in the hands of the Secretary, and the several reports of deaths occurring in the several counties, as reported to the Secretary by the several Clerks, be printed with the proceedings.

Report accepted.

Dr. Castle, from the Committee on Debentures, made a report which was accepted and ordered to be paid.

On motion of Dr. Jewett,

That the several county meetings be requested to investigate the subject of members of this Society consulting with irregular practitioners, and enforce the by-law in such case made and provided.

Passed.

Dr. Gillette, from the Committee on Sanitary Reports, made the following report:

That in the opinion of the committee, sanitary reports merit the continued attention of this Medical Convention, and we recommend that the Secretary of the State Medical Society be requested to publish so much of said reports now laid before this Convention, as he may deem proper, and that we recommend to the several county societies to continue such reports.

Report accepted.

And on motion of Dr. Jewett, the names of Drs. Bostwick and W. Deming, Jr., were added as committee with the Secretary, as a committee of publication on said reports.

Dr. Ives, from the committee to whom was referred the dissertation of Dr. Hastings, reported that they had examined said paper and recommended that the Secretary publish the same with the proceedings of the Convention.

Dr. Skinner moved that the dissertation be referred to the same committee with sanitary reports for examination, and be subject to their discretion whether to publish the whole or part thereof.

Previous question moved and lost.

Amendment lost.

The report was then accepted and the dissertation ordered to be printed.

On motion of Dr. Jewett,

Resolved, That there be appointed a Standing Committee on Publication, to whom all communications be referred from the several counties.

Dr. Bostwick offered an amendment that one from a county be substituted. Amendment lost.

The resolution was then adopted.

Drs. Gurdon W. Russell, Pliny A. Jewett and George W. Burke were appointed said committee.

Dr. Wells, from the committee to whom was referred the resolution of the American Medical Association, made the following report :

Resolved, That we approve and indorse the recommendations of the American Medical Convention in their transactions for 1856, p. 395, to county societies, in relation to the duty of each member to keep written notes of his practice and to report from time to time such statements as shall seem important and interesting, with a view for publication with the annual proceedings of the State Society ; and in furtherance of this measure we recommend to the county societies that at their next annual meeting a committee be appointed to receive such reports as may be offered.

Resolved, That when the county societies have taken such action as shall result in the publication of reports from their members, that then this Convention will appoint a committee whose duty it shall be to present an abstract for publication in manner and form proposed in the original recommendation.

On motion of Dr. Gillette,

Resolved, That it be recommended to the several counties that a committee of one from a county be appointed to obtain the biographies of such physicians as have deceased in the State of Connecticut, of whom no biography has been published, and the medical incidents which have occurred during their lives, more particularly in reference to our ancient physicians.

Resolution adopted.

Under this resolution the following gentlemen were nominated by the several counties, and their nominations confirmed by this Convention, viz. : for

Hartford County,
New Haven County,
New London County,
Windham County,
Fairfield County,
Litchfield County,
Middlesex County,
Tolland County,

Dr. Gillette.
Dr. G. O. Sumner.
Dr. Richard P. Tracy.
Dr. Wm. H. Cogswell.
Dr. Geo. Blackman.
Dr. D. E. Bostwick.
Dr. G. W. Burke.
Dr. A. Skinner.

Ordered by the Convention, that 1000 copies of the Proceedings be published, the 500 additional copies to be distributed to the several counties.

There being no further business, the Convention then adjourned *sine die*.

Attest,

JOSIAH G. BECKWITH, *Secretary*.

Members of the Society.

HONORARY MEMBERS.

JAMES JACKSON,	Boston, Mass.
*JOHN C. WARREN,	Boston, Mass.
BENJAMIN SILLIMAN,	New Haven.
*THEODORE ROMEYN BECK,	Albany, N. Y.
EDWARD DELAFIELD,	New York.
JOHN DELAMATER,	Cleveland, Ohio.
JACOB BIGELOW,	Boston, Mass.
WALTER CHANNING,	Boston, Mass.
HENRY MITCHELL,	Norwich, N. Y.
NATHAN RYNO SMITH,	Baltimore, Md.
VALENTINE MOTT,	New York.
REUBEN D. MUSSEY,	Cincinnati, Ohio.
WILLIAM TULLY,	Springfield, Mass.
RICHMOND BROWNELL,	Providence, R. I.
WILLIAM BEAUMONT,	St. Louis, Mo.
SAMUEL HENRY DICKSON,	Charleston, S. C.
STEPHEN W. WILLIAMS,	Deerfield, Mass.
WILLARD PARKER,	New York.
BENAJAH TICKNOR,	U. S. Navy.
ALDEN MARCH,	Albany, N. Y.
CHARLES A. LEE,	New York.
DAVID S. C. H. SMITH,	Providence, R. I.
HENRY D. BULKLEY,	New York.
J. MARION SYMS,	New York.
JOHN WATSON,	New York.
FRANK H. HAMILTON,	Geneva, N. Y.
ROBERT WATTS,	New York.
J. V. C. SMITH,	Boston, Mass.
O. WENDELL HOLMES,	Boston, Mass.
JOSEPH SARGENT,	Worcester, Mass.
MASON F. COGSWELL,	Albany, N. Y.
FOSTER HOOPER,	Fall River, Mass.
THOMAS C. BRINSMADE,	Troy, N. Y.
GEORGE CHANDLER,	Worcester, Mass.
GILMAN KIMBALL,	Lowell, Mass.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

S. L. CHILD, M. D., Chairman.

WILLIAM R. BROWNELL, M. D., Clerk.

<p>HARTFORD, Henry Holmes, Samuel B. Beresford, George B. Hawley, Gurdon W. Russell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i>, E. K. Hunt, John S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, <i>H. Gridley</i>, William Porter, John F. Wells, William R. Brownell, P. M. Hastings, S. C. Preston, J. S. Curtis, Edward Brinley, <i>Stephen H. Fuller</i>, John Taylor, — Clary.</p> <p>BERLIN, E. Brandagee, Jr.</p> <p>NEW BRITAIN, <i>Samuel Hart</i>, Roswell Hawley, E. D. Babcock, B. N. Comings, S. W. Hart.</p> <p>BLOOMFIELD, Henry Gray.</p> <p>BRISTOL, Joseph W. Camp, John S. Moody.</p> <p>BURLINGTON, William Elton, 2d.</p> <p>CANTON, <i>Collinsville</i>, Russell H. Tiffany.</p> <p>EAST HARTFORD, Seth L. Child, Clarence M. Brownell, H. K. Olmstead.</p> <p>EAST WINDSOR, Hiram Watson.</p> <p><i>Broad Brook</i>, Marcus L. Fisk.</p> <p><i>Warehouse Point</i>, Joseph Olmstead.</p> <p>ENFIELD, J. P. Converse, A. L. Spaulding, H. A. Grant.</p> <p><i>Thompsonville</i>, J. Bailey Beach, L. S. Pease.</p> <p>FARMINGTON, <i>Asahel Thompson</i>.</p>	<p><i>Plainville</i>, G. A. Moody.</p> <p>GLASTENBURY, Clinton Bunce.</p> <p><i>South Glastenbury</i>, C. E. Hammond, Luman J. Andrus, Henry Gilbert.</p> <p><i>Eastbury</i>, Sabin Stocking.</p> <p>GRANBY, <i>Joseph F. Jewett</i>.</p> <p><i>East Granby</i>, <i>Chester Hamlin</i>.</p> <p><i>West Granby</i>, Justus D. Wilcox.</p> <p><i>North Granby</i>, Francis F. Allen.</p> <p>MANCHESTER, W. C. Williams, W. Scott.</p> <p>ROCKY HILL, R. W. Griswold.</p> <p>SIMSBURY, Roderick A. White.</p> <p><i>Tariffville</i>, George W. Sanford.</p> <p>SOUTHINGTON, Julius S. Barnes, N. H. Byington, F. A. Hart.</p> <p>SOUTH WINDSOR, Horace C. Gillette, H. Goodrich.</p> <p><i>East Windsor Hill</i>, Wm. Wood, Sidney Rockwell.</p> <p>SUFFIELD, Aretus Rising.</p> <p>TERRYVILLE, — Whittemore.</p> <p><i>West Suffield</i>, O. W. Kellogg.</p> <p>WETHERSFIELD, E. F. Cooke, A. S. Warner, R. Fox.</p> <p>WEST HARTFORD, Edward Brace.</p> <p>WINDSOR, <i>William S. Pierson</i>, A. Morrison, Samuel A. Wilson, D. S. Beales.</p> <p><i>Windsor Locks</i>, Samuel W. Skinner.</p> <p><i>Poquonock</i>, Oliver B. Griggs.</p>
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NEW HAVEN COUNTY.

PLINY A. JEWETT, M. D., Chairman.

JOHN NICOLL, M. D., Clerk.

NEW HAVEN, *Eli Ives*, T. P. Beers, *Jonathan Knight*, *Samuel Punderson*, *Caleb H. Austin*, *Charles Byington*, A. S. Munson, Charles Hooker, Nathan B. Ives, E. H. Bishop, J. H. Totten, Levi Ives, Pliny A. Jewett, D. L. Daggett, George O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Mathews, C. A. Lindsley, Worthington Hooker, T. P. Beers, Jr., Samuel Lloyd, H. L. Fitch, J. K. Downs, John Nicoll, Moses C. White, Leonard J. Sanford, C. L. Ives, David E. Smith, Francis M. Holley, A. H. Churchill, Edward Bulkley, O. W. Peck.

Fair Haven, C. E. Thompson, W. M. White, *Lyman Parker*, Ezra Smith.

BETHANY, Asa C. Woodward.

BRANFORD, *Willoughby L. Lay*, H. V. C. Holcomb.

NORTH BRANFORD, Sheldon Beardsley.

CHESHIRE, A. J. Driggs, Noah B. Welton, W. C. Williams.

DERBY, C. H. Pinney.

ANSONIA, H. L. Parsons.

BIRMINGHAM, Ambrose Beardsley, T. Dutton.

HAMDEN, E. D. Swift.

HUMPHREYSVILLE, Sheldon C. Johnson, Joshua Kendall, Thomas Stoddard.

NORTH HAVEN, Roswell F. Stillman.

GUILFORD, Joel Canfield, Alvan Talcott.

MADISON, D. M. Webb.

West Meriden, B. H. CATLIN, Edward W. Hatch, Roswell Hawley.

YALESVILLE, C. B. McCarty.

MILFORD, Hull Allen, L. N. Beardsley.

NAUGATUCK, J. D. Mears, Henry Pierpont.

OXFORD, Lewis Barnes.

ORANGE, H. W. Painter.

SOUTHBURY, A. B. Burritt.

South Britain, N. C. Baldwin.

WALLINGFORD, Nehemiah Banks.

WATERBURY, M. C. Leavenworth, G. L. Platt, John Deacon, George E. Perkins, Sturges Bulkley, P. G. Rockwell, Thomas Dougherty.

WOODBIDGE, *Isaac Goodsell*, Andrew Castle.

NEW LONDON COUNTY.

JOSEPH COMSTOCK, M. D., Chairman.

BENJAMIN D. DEAN, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard*, *Nathaniel S. Perkins*, James Morgan, Isaac G. Porter, William W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwarring.

NORWICH, *Richard P. Tracy*, *Erastus Osgood*, Elijah Dyer, Elisha Phinney, Edwin Bentley, Benjamin D. Dean, John P. Fuller, Alonzo Fuller, Henry W. Leach, Daniel G. Gulliver, A. B. Haile, Lewis S. Paddock.

BOZRAH, Samuel Johnson.

COLCHESTER, *Ezekiel W. Parsons*, *Fred'ick Morgan*, Melancthon Storrs.

EAST LYME, *John L. Smith*, Austin F. Perkins.

FRANKLIN, Ashbell Woodward.

GRISWOLD, *Jewett City*, William Soule.

GROTON, *Benjamin Durfey*.

NOANK, A. T. Douglass.

LEBANON, *Joseph Comstock*, Ralph P. Greene.

LYME, *Richard Noyes*.

North Lyme, Wm. W. J. Warren.

MONTVILLE, John C. Bolles.

Uncasville, Samuel E. Maynard.

PRESTON, *Eleazer B. Downing*.

SALEM, Nathaniel Foote.

STONINGTON, *William Hyde*, George E. Palmer, William Hyde, Jr.

Mystic, Mason Manning.

Mystic Bridge, E. F. Coats, A. W. Coats.

FAIRFIELD COUNTY.

E. MIDDLEBROOK, M. D., Chairman.

H. L. W. BURRITT, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.	NEW CANAAN, <i>Samuel S. Noyes</i> , Lewis Richards.
<i>Greenfield</i> , RUFUS BLAKEMAN.	NORWALK, <i>John A. McLean</i> , Ira Gregory.
<i>Southport</i> , Justus Sherwood.	STAMFORD, N. D. Haight, Samuel Sands, Lewis Hurlburt.
BRIDGEPORT, D. H. Nash, Frederick J. Judson, L. W. Burritt, <i>William B. Nash</i> , Robert Hubbard, H. N. Bennett.	STRATFORD, <i>William T. Shelton</i> .
BROOKFIELD, A. L. Williams.	TRUMBULL, <i>ELIJAH MIDDLEBROOK</i> , George Dyer.
DANBURY, <i>R. B. Botsford</i> , E. P. Bennett.	WESTPORT, George Blackman, David S. Burr.
EASTON, James Baldwin.	
HUNTINGTON, <i>James H. Shelton</i> .	

WINDHAM COUNTY.

WM. H. COGSWELL, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, William Woodbridge.	<i>Moosup</i> , Lewis E. Dixon, Frank Burgess.
ASHFORD, John H. Simmons.	<i>Plainfield Center</i> , Charles H. Rogers.
CANTERBURY, <i>Elijah Baldwin</i> , Joseph Palmer.	POMFRET, Hiram Holt, Lewis Williams.
CHAPLIN, Orrin Witter.	STERLING, William A. Lewis.
HAMPTON, Dyer Hughes.	THOMPSON, Lowell Holbrook, John McGregor.
KILLINGLY, <i>Daysville</i> , Justin Hammond.	VOLUNTOWN, <i>Harvey Campbell</i> .
<i>South Killingly</i> , Daniel A. Hovey.	WINDHAM, <i>Chester Hunt</i> , De Witt C. Lathrop.
<i>East Killingly</i> , E. A. Hill.	<i>Willimantic</i> , John Hill, Jr.
<i>West Killingly</i> , David E. Hall, Samuel Hutchins, Stephen C. Griggs	Scotland, Calvin B. Bromley.
<i>Putnam</i> , Henry W. Hough, Thomas W. Perry.	WOODSTOCK, <i>North</i> , Asa Witter.
PLAINFIELD, WM. H. COGSWELL.	<i>South Woodstock</i> , <i>Lorenzo Marcy</i> .
	<i>West Woodstock</i> , Milton Bradford.

LITCHFIELD COUNTY.

WILLIAM WOODRUFF, M. D., Chairman.

HENRY W. BUELL, M. D., Clerk.

LITCHFIELD, Josiah G. Beckwith, Geo. Seymour, D. E. Bostwick, E. Osborn, H. W. Buel, Wm. Deming, Jr.	CANAAN, Ithamar H. Smith, A. A. Wright.
<i>South Farms</i> , Garry H. Miner.	<i>South Canaan</i> , John A. Gillett.
	CORNWALL, Buttrick B. North.
	<i>West Cornwall</i> , <i>Samuel W. Gold</i> .

COLEBROOK, Seth Pense.	<i>Lakesville</i> , Benjamin Welch, Wm. M. Knight.
<i>Gaylord's Bridge</i> , Gamaliel H. St. John.	NEW HARTFORD, <i>South</i> , A. E. Barber.
GOSHEN, A. M. Huxley.	SHARON, Ralph Deming, — Knight.
HARWINTON, G. B. Miller.	TORRINGTON, <i>Wolcottville</i> , <i>Erastus Bancroft</i> , J. W. Phelps.
KENT, <i>Wells Beardsley</i> .	WARREN, Jno. B. Derickson.
NEW MILFORD, <i>Jehiel Williams</i> .	<i>Woodville</i> , Manly Peters.
<i>Bridgewater</i> , Horace Judson.	WASHINGTON, R. M. Fowler.
NORFOLK, William W. Welch, John H. Welch.	<i>New Preston</i> , Sidney H. Lyman, Edward P. Lyman.
PLYMOUTH, Samuel T. Salisbury.	WINCHESTER, <i>West Winsted</i> , James Welch, J. W. Bidwell.
<i>Plymouth Hollow</i> , William Woodroof.	WOODBURY, Charles H. Webb.
ROXBURY, Myron Downs.	
SALISBURY, <i>Falls Village</i> , C. B. Maltbie.	

MIDDLESEX COUNTY.

ASA M. HOLT, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, Joseph Barrett, Charles Woodward, Wm. B. Casey, Elisha B. Nye, George W. Burke, Miner C. Hazen.	DURHAM, R. W. Mathewson.
CHATHAM, <i>East Hampton</i> , Francis G. Edgerton.	EAST HADDAM, <i>Asa M. Holt, Datus Williams</i> .
<i>Middle Haddam</i> , A. B. Worthington.	HADDAM, Edwin Bidwell.
CHESTER, S. W. Turner.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
CLINTON, Denison H. Hubbard.	SAYBROOK, Asa H. King.
CROMWELL, Ira Hutchinson.	<i>Deep River</i> , Rufus Baker.
	OLD SAYBROOK, <i>Essex</i> , Alexander H. Hough, Frederick W. Shepard.

TOLLAND COUNTY.

NORMAN BRIGHAM, M. D., Chairman.

GILBERT H. PRESTON, M. D., CLERK.

TOLLAND, <i>Oliver K. Isham</i> , Gilbert H. Preston.	<i>South Mansfield</i> , Earl Swift.
BOLTON, Charles F. Sumner.	SOMERS, <i>Orson Wood</i> , Erasmus E. Hamilton.
COVENTRY, <i>North</i> , <i>Eleazer Hunt</i> .	STAFFORD, <i>East</i> , Wm. N. Clark.
<i>So. Coventry</i> , T. Dinnoek, H. S. Dean.	<i>Stafford West</i> , Joshua C. Blodget.
ELLINGTON, <i>Horatio Dow</i> .	UNION, E. Linsley.
HEBRON, JOHN S. PETERS, Orrin C. White.	VERNON, John B. Lewis.
MANSFIELD, <i>North</i> , <i>Norman Brigham</i> , W. H. Richardson.	<i>Rockville</i> , Alden Skinner.
	WILLINGTON, Francis L. Dickinson.
	<i>Spaffordville</i> , Stephen F. Pomeroy.
	<i>Stafford Springs</i> , C. B. Newton.

SUMMARY OF ORDINARY MEMBERS FOR 1856, WITH THE
DEATHS IN THE YEAR ENDING APRIL 1, 1856.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	72	8	80	3
New Haven County,	70	10	80	2
New London County,	33	12	45	0
Fairfield County,	18	7	25	0
Windham County,	27	3	30	2
Litchfield County,	36	4	40	2
Middlesex County,	20	2	22	1
Tolland County,	15	7	22	0
Total,	291	53	344	10

NOTE. Former Fellows of the Connecticut Medical Society, are *permanent members* of the annual Convention, having the privilege of attending all meetings, and performing all the duties of attending members, except that of casting their votes. And all members of the Society are invited, by the By-Laws, to be present at all meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1, 1857,

WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

Hartford County,	Eli Hall, aged 73.	Enlargement Prostate Gland.
" "	Sylvester Bulkley, aged 70.	Peitonitis.
" "	L. North, aged 46.	Congestion Brain.
New Haven	Reynold Webb, aged 64.	Diabetes.
" "	Bela Farnham, aged 86.	Fever.
Windham	Morey Burgess, aged 67.	Paralysis.
" "	Nathan S. Pike, aged 40.	Consumption.
Litchfield	Ovid Plumb, aged 71.	Congestion of the Lungs.
" "	Chancey Reed, aged 46.	Fever.
Middlesex	David Harrison, aged 54.	Softening of the Heart.

DUTIES OF CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit duplicate lists of the Members of the Society, to the Secretary and Treasurer, on or before the first day of the Convention, on the penalty of five dollars for each neglect.

To transmit to the Treasurer the names of Fellows elected before Convention.

To return to the Treasurer the names of delinquent Members of the Society.

To report to the Secretary of the State Convention, on the first day of its session, the names, ages, and diseases of the members of this Society, who may have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c., from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
1794. Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
1795. Dr. Thaddeus Betts, on the Different Species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
1796. S. H. P. Lee, on Cynanche Tonsillar.
1796. Dr. Lewis Collins, on the most eligible mode of increasing
Medical Knowledge in this State.
1796. Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
1798. Dr. Jared Potter, "An Essay."
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight, on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainard.
4 4827. Dr. Samuel B. Woodward, on the Biography of the Physi-
cians of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental Qualifications necessary to
a Physician.

- 1840. Dr. Richard Warner, on the Advantages of prompt and efficient practice in Acute Diseases.
- 1841. Dr. Amariah Brigham, on Insanity as a subject of Medical Jurisprudence.
- 1842. Dr. Charles Woodward, on Uterine Irritation.
- 1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
- 1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the reasons that it is not awarded by the Community.
- 1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
- 1846. Dr. Theodore Sill, Observations on Typhus Fever.
- 1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the advantages resulting from it.'
- 1848. Dr. B. F. Barker, Remarks on some forms of Disease of the Cervix Uteri.
- 1849. Dr. Alvan Talcott, on Hygiene.
- 1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
- 1851. Dr. George Sumner, on the Early Physicians of Connecticut.
- 1853. Dr. Rufus Blakeman, Early Physicians of Fairfield County.
- 1853. Dr. Samuel Beach, on Popularizing Medicine.
- 1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.
- 1855. Dr. Stephen G. Hubbard, on Registration, as the basis of Sanitary Reform.
- 1857. Dr. Benjamin D. Dean, "The Medical Profession."

APPENDIX.

MEDICAL INSTITUTION OF YALE COLLEGE.

ANNUAL EXAMINATION, 1867.

The Board of Examiners convened on Wednesday, Jan. 14th, and continued in session two days. Present, on the part of the Connecticut Medical Society :

Benjamin H. Catlin, M. D., of Meriden, *President*.

William W. Welch, M. D., of Norfolk.

Charles Woodward, M. D., of Middletown.

A. T. Douglass, M. D., of Groton.

On the part of Yale College: Profs. J. Knight, C. Hooker, H. Bronson, W. Hooker, B. Silliman, Jr., and P. A. Jewett.

Eleven candidates submitted their dissertations, and, after examination, were recommended for the Degree of Doctor in Medicine, viz.:

1. Asa Hopkins Churchill, New Haven, on "Fractures."
2. George Clary, Hartford, on "The Progress and Prospects of Medical Science."
3. Cortlandt Van Ransselaar Creed, New Haven, on "The Blood."
4. David Anson Hedges, Bridgehampton, L. I., on "Tetanus."
5. John Worthington Hooker, B. A., 1854, New Haven, the Valedictory Address.
6. Charles Roe Osborne, B. A., Hamp. and Sidney College, 1852, New York City, on "The Connection between Mind and Body in Disease."
7. Homer Lee Parsons, Branford, on "Rheumatism and Rheumatic Pericarditis."
8. Ozias Willard Peck, New Haven, on "Apoplexy."
9. Ezra Smith, Willseyville, N. Y., on "Pneumonia."
10. John Witter, North Woodstock, on "The Causes of Error in Medicine."
11. Samuel Russel Wooster, Birmingham, on "Correct Diagnosis, the True Basis of Therapeutics."

The candidates did honor to themselves and their instructors, being better prepared than those preceding, as far as our experience extends, receiving, with one or two exceptions, the unanimous vote of the board. If there was any branch in which it could be said they were deficient, it was that of Chemistry. It is feared that some students consider this only as a collateral branch, which they can neglect rather than others. If they were aware what

Chemistry has done for the advancement of medical science for the last thirty years, and what is expected from it in future, they would not neglect this important branch of their profession.

Archibald T. Douglass, M. D., of Groton, and Samuel W. Gold, M. D., of Cornwall, were appointed to give the annual addresses to the candidates in 1858 and 1859.

The President, Benjamin H. Catlin, M. D., was appointed to report the Proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

The Board then adjourned to meet July 28, the Tuesday before the Commencement in Yale College.

The Commencement Exercises in the College Chapel, Thursday evening, Jan. 15, before a large and intelligent audience of ladies and gentlemen, were highly interesting.

The Valedictory Address, by Dr. John W. Hooker, of the graduating class, was unusually able and appropriate.

The Annual Address to the Candidates, by the Hon. Wm. W. Welch, M. D., of the Board of Examiners, was an interesting history of medical science, closing with an urgent appeal to the candidates to faithfulness in the profession they were about to enter. After which, the Degrees were conferred by President Woolsey, in behalf of the Board of Examiners.

B. H. CATLIN, *President.*

ADDRESS.

GENTLEMEN:

Through the indulgence of a kind Providence, we are permitted once more to assemble in our Annual Convention, to exchange those congratulations so pleasant to us, and to engage in those duties incumbent upon us as the representatives of the Connecticut Medical Society.

A by-law was adopted by this Society, at its Annual Meeting, eight years since, making it the duty of the President "to deliver an Address to the Convention, annually."

My predecessors have understood it as being their duty, only as they retired from office. Some have failed then, so that we have had only two addresses in the period of eight years named.

Being a law-abiding citizen, I intend, for the brief period I am honored with the office, to comply with the *letter* of the law, though I despair of coming up to the spirit of the requirement.

It is interesting and profitable to review the history of Medicine in this State, from its first small beginnings, irregular and unorganized, through its early and more matured organizations, to the present time, and to learn something of the Fathers of Medicine in Connecticut, their labors in this society and our profession.

For a knowledge of these facts, I would refer you to the able and interesting addresses of my predecessors, the lamented Sumner and our honored friend whom we hoped to see with us to-day, Rufus Blakeman, M. D., published with the proceedings of this society in the years 1851 and 1853. If you are not already familiar with these, I can assure you they are well worthy of your attention.

We are in the anomalous condition of a society without a written constitution; all our powers and privileges, as officers and members of the Connecticut Medical Society, being derived from an act of in-

corporation granted by the legislature of this State, and our duties and obligations are defined by this and by the by-laws and Medical Police which we have adopted in accordance with this act. It is for you to decide whether a constitution would add to our privileges, or render our society more efficient. It is not unusual for societies created by an act of incorporation, to have also a constitution.

The laws of our society, though its incorporation dates back sixty-five years, are still very brief. Those relating to the duties of the President, define them to be: To preside at the meetings of the society, appoint a portion of the committee for business, call extra meetings when necessary, and deliver an annual address, giving no directions respecting the subject or the object of the address. We are therefore left with the largest liberty in deciding upon the theme of our discourse.

It would seem to be appropriate to have one slightly analogous to the message of the Governor of the State, directing your attention to the present state of medical science and practice within our limits, pointing out, as far as practicable, the obstacles which prevent a more rapid improvement of the healing art, and suggesting, for your consideration, such measures as shall appear necessary to promote the greatest possible advancement of our beloved profession.

Our act of incorporation and by-laws give the President no special powers for acquiring information, being, in fact, more meagre in this respect than in defining his duties.

I have presumed to address circulars to the Clerks of the County Societies, requesting them to present to their county meetings the importance of having committees of inquiry appointed, which, if attended to, may another year present facts from the different parts of the State, eminently useful to the President for the preparation of his annual address.

I can only speak of those things which fall within my own sphere of observation, and give my individual opinion in regard to matters worthy of our consideration at the present time.

When we contemplate the fact that previous to the organization of the American Medical Association, many of the States and Territories had few, if any, medical societies, state, county, or municipal, we look with pride upon our own as being one of the earliest formed, and for that early period, wisely and somewhat efficiently organized. We have been so well satisfied with what our fathers have done, that we have suffered our society to become comparatively a barren organization, not yet so dry as the bones in Ezekiel's vision, or the mummies

of the Egyptian kings. It has at least the vitality of a Joice Heath. We meet in county meetings, appoint officers, possibly have a dissertation or a case of discipline, and then adjourn in haste. The Fellows meet in convention, appoint officers for the year, listen to an address, if they are so fortunate as to have one, and by that time some beginning to be anxious about their patients, their practice, or perhaps more solicitous lest some rival shall supplant them in their absence, can spend no time for the improvement of medical science. I am happy to say there are many exceptions to this course. There are many worthy members of our society, who, with a true love for science, have labored and well labored on in this noble cause, irrespective of any personal emolument or honors, with a true desire to promote the general good.

I fully concur in the sentiments expressed in the closing sentence of Dr. Sumner's address: "They, the founders of this society, are not here, but we have the comforting assurance that they did not labor in vain; and that the medical skill of our State has been greatly extended, that the mental culture of our physicians is vastly more thorough, and their moral character is essentially improved since the establishment of this society."

As the hills and mountains of our rock-bound State have towered above the broad prairies of the West, so has our professional standing been exalted above that of our brethren in many other States and Territories. But this prominence is passing from us. Through the influence of the American Medical Association, there is a reviving influence abroad, co-extensive with our broad national domain, moving "the mass of medical society to its very depths." Those who have more recently entered upon the race are outstripping the old stagers, so that unless we speedily arouse ourselves from our lethargy, we shall find our brethren in other States excelling us, as the lofty summits of the Alleghanies rise above our liliputian hills.

It will not answer for us to be doing just what our fathers have done. There is no remaining in statu quo. Unless we advance we retrograde, relatively if not positively.

There is a principle of miserable conservatism, or more properly, if not classically, called old fogysm, prevalent in our profession. A disposition to maintain our medical organization in the form handed down to us by our fathers as one too sacred to be amended. If you will look over the records of our society for the last twelve years, you will find several movements for changes in our medical organization, the objects of which were to create a more general interest throughout

the profession, in the objects and pursuits of the society. You will find, also, that they have almost uniformly been voted down. Some of them are so important that I should recommend them for your consideration had not sentence already been pronounced against them. We are not all perfectionists. Let us, then, look with favor upon suggestions made by any member for improvement in our medical organization. If they appear crude and objectionable, let them be thoroughly discussed and amended from year to year, if necessary, till they are so far perfected that a majority shall be convinced they are real improvements.

A few of the sons of Connecticut have made a liberal sacrifice of time and money to attend upon the meetings of the National Association. Some have been active on committees, and two or three articles have been written by different individuals for publication in the transactions, but we have not, as members of the faculty in this state, taken that high stand which might have been expected of us, considering our previous history. It is not too late to remedy the evil. We must arouse ourselves with all the energy in our power, for the reputation of our profession, in this State, depends upon our decision and action.

I regret to say that there is, in many places, a great reluctance on the part of members in assuming any responsibility, or in engaging in any labor, on committee or as individuals, in collecting and recording facts and statistics necessary to advance medical science. If a subject is brought forward for investigation, those appointed to perform the labor do, in too many instances, ask to be excused, or if accepting, will neglect to perform the labor requisite to accomplish the end desired.

Every member of this society will doubtless claim that he is in favor of every real improvement, and is ready to hail with delight anything which even promises to advance the healing art. But I appeal to your experience, gentlemen, if it is not a fact that every reformer, every one who proposes a radical change in the treatment of any disease, or any great change in long established usages and practices, has for a time, at least, to encounter an unnecessary amount of abuse before his plan or improvement, though worthy of our highest regards, can be established. It is right and reasonable, yea, more, it is our imperative duty, to examine, with scrupulous care, every change proposed in a practice which has had, for a long time, the sanction of our profession; but let us look with favor upon every proposed improvement or discovery till it is proved to be a fallacy.

An inordinate desire to do a large and lucrative business, rather than to do what is done in the best possible manner, is a serious hindrance to medical improvement. We ought to consider it an obligation binding upon us not to assume greater responsibilities than we are able to meet with fidelity and ability. Every case should be attentively and thoroughly investigated, according to its importance, before seeking new cases.

In many towns throughout our State there is a spirit of rivalry and petty jealousy, between brethren, which is greatly annoying and disgraceful to those engaged in it, and a bar to all improvement. You will too frequently find a physician of some ability showing an amount of shrewdness and tact in supplanting a rival, or gaining a temporary advantage over a neighbor, which if rightly directed, would place him high in the ranks of the profession. It is better to suffer a little from such a man than to enter into a contest with him.

I am satisfied there is much less of this spirit in the profession than formerly. I rejoice to say there are many towns, villages, and cities, where there is a very pleasant and friendly feeling between medical brethren, each having regard to the reputation of his brother, not unmindful of the injunction of the apostle, "Let each esteem others better than themselves;" "Look not every man on his own things, but every man also on the things of others."

The system of medical police adopted by this society, October, 1817, and the code of medical ethics of the American Medical Association, adopted and published by this society in 1854, are founded upon just and equitable principles, conducive alike to the interest of each member of the profession and the community. These regulations are so *reasonable*, as well as just, that every one should enter fully into the spirit of these requirements. But we regret to say they are too often violated, and occasionally by those of whom we might expect better things. Now and then one who has been honored by appointment to important offices in this society, will consult with an irregular, or what is equally a violation of the spirit of the law, visit his patient, make a prescription, and leave the patient in his hand. I think you would most effectually put down this form of quackery by a by-law excluding such persons from office in this society.

Our profession suffers for the want of attention on the part of many members to the proper regulation of the diet and exercise of their patients. Owing to this, many a chronic case, which is almost cured, the disease perhaps eradicated, so that if the patient was kept

upon a well regulated system of diet and exercise, restoration to comfortable, if not perfect health, would be the happy result ; yet for the want of such a course, goes into the hands of irregular practitioners, who have the credit of the cure.

I am perfectly aware, from painful experience, of the difficulty of carrying out this plan in private practice ; but we must do what we can, and cases that cannot be managed should be sent to some hospital, or what would be better in many cases, to some private institution, were we fortunate to have one under the care of some brother qualified and prepared to manage such patients.

What benefit is derived from treatment in Hydropathic, Motopathic, and other partial systems, is due almost exclusively to a regular plan of diet and exercise.

Passing through the south part of this city (Hartford) a few years since, I saw before me what appeared in the distance to be a private mansion, but having a sign over its principal entrance, which as I approached nearer, I found to be, "Home for the Sick."

Upon one, who had practiced many years in a thriving village, where great numbers of youths of both sexes coming in, obtaining lodging as they could, some crowded into small attic chambers, among strangers, destitute of all those conveniences or comforts so important in sickness, such a sign made a deep impression—Home for the Sick ! How many young men, and young women too, have suffered, and perhaps died, for the want of a home when sick ? How many single persons of both sexes, and of all ages, though in their native towns, have suffered, and are suffering, because they have no home when sick ?

I understand the citizens of Hartford have raised their "Home for the Sick" to the dignity of a Hospital. I would advise them to retain the original name, for many persons have strong prejudice against a hospital, unreasonable, yet real, that would not exist towards a "Home for the Sick."

Our records will show that such hospitals as we have in Connecticut, the Retreat for the Insane, and Asylum for the Deaf and Dumb, owe their existence in no small degree to this society, or members of our profession. If we are to have homes for the sick established, as they should be, in all our principal towns and villages, you, gentlemen, and your associates, must commence and carry on the work. The funds must come from benevolent individuals, from state and town authorities, but the real work must be performed by our profession.

I have pointed out a few of the obstacles which impede the progress of the society and prevent the greatest improvement of individual members.

I have also in connection with the statement of the difficulties, mentioned incidentally some of the remedies. It remains to inquire what further action is necessary to remove these evils and promote the greatest possible advancement of the society.

Were I merely to call your attention to a dissertation delivered before this society ten years since, by our esteemed friend, E. K. Hunt, M. D., of this city, and secure your earnest and undivided efforts to adopt and carry out in full all the important suggestions therein contained, I should have done much towards removing the obstacles I have named, and place our society in that high and commanding position it should occupy. I have been surprised that so little attention has been paid to the important matters contained in his dissertation.

Those urging the importance of raising the standard of medical education, have received attention in the National Association, and those relating to biographical notices of deceased physicians, have within the last few years received attention in our society. The sanitary reports from Hartford County, the last two years, are in accordance with the ideas suggested in the dissertation.

In the Transaction of the American Medical Association for 1856, nine years after the publication of the dissertation, there is a report from the committee on plans and organization for state and county societies, (page 395) in which you will find the same ideas clothed in very similar language, urging the importance of close observation by individual members, of the greatest number of definite and authorized facts, to be received and collated by a committee appointed for that purpose. These to be subjects for discussion at the County meeting, amended if necessary, and then forwarded to the State Society. It is urged by both that the reading and discussion of these reports will add greatly to the interest of our County and State meetings, now so dry and formal.

The following are the third and sixth resolutions presented by the above named committee, which I transcribe for your consideration :

"Resolved, That this association also earnestly recommend to local or county societies to incorporate into their constitution or by-laws, provisions for making it the duty of each of their members to keep at least a brief record of all cases occurring in his practice, depending upon endemic or general causes, and report at least annually to a

committee of the society to which he belongs, the number or percentage of different diseases occurring each month, together with the particular type of each disease, the chief modifying circumstances under which it occurred, the general plan of treatment, and the result of the cases; and also that these societies make provision for the collection of such committee, whose duty it shall be to receive and collate such reports, arranging them in due form, and adding such remarks as may assist to their proper understanding, and to transmit them annually thus arranged to a committee of the State Society, to which the local or county shall be auxiliary; and this association further recommends that the State Societies make provision in their constitution or by-laws, for the appointment of a committee, whose duty it shall be to receive such reports from the local or county societies, to again arrange with other reports, from similar societies, placing them in a condensed or tabulated form, and report them annually, with proper remarks, to a committee of this association, to which the State Societies are recommended to become auxiliary."

"Resolved, That in the opinion of this association, it would tend to the production of papers of greater merit, and increase the interest of the meetings of local or county societies, if those papers possessing peculiar merit were referred to the State Society as mark of honor and to be incorporated into their proceedings if deemed worthy."

It is for you, gentlemen, to decide whether it is expedient at this time to recommend to the members of this society, through the county societies, the observation and collection of such facts. The days of theorizing and speculation in medicine, we trust, are past. We can expect to improve the science of medicine only upon the inductive method—the collection of the largest number of facts. Those that can and should be collected by each and every member of this society in the various localities where they reside, among a population living and dying under all the diversified circumstances which exist in our communities, would be of the most important character; altogether more valuable than those occurring among such a class of persons as are usually found in large hospitals.

The plan carried out will require great labor; so great that we cannot expect to do all we wish at once. It will be a work of years to perfect the system, but this should not deter us from commencing the enterprise. Those advanced in life may never acquire the habit of recording their observation, but to our younger brethren we look with hope.

It is very much to be regretted that the plan of sanitary reports,

so auspiciously commenced in Hartford county, and earnestly recommended to each county of the State, by this society at their convention two years since, have received so little attention from individual members or from county societies. We trust these recommendations will not long remain unheeded.

All our county societies, in order to carry out the plan proposed, will find it necessary to have two, and probably more frequent meetings, each year. I am happy to learn that some counties have recently decided upon more frequent meetings.

Through the influence of members of our profession we fortunately have in Connecticut a registry law, which may, in its yet incipient and imperfect state, require your constant watchfulness and care, till it is more fully perfected and established.

I would recommend to your notice the efforts now being made for the establishment in our state of an institution for the improvement of that unfortunate class, in all communities, the imbecile and idiotic, as eminently worthy of your attention. It will be in keeping with the previous history of our profession, in regard to kindred institutions, to give this enterprise your hearty and efficient support; as I have before observed, our mutual organization might be improved.

If you were to examine our system with the eye and experience of a judicious surgeon, you would doubtless find some ulcers requiring the free application of the caustic; some useless or offensive members that need the amputating knife. Still you will find enough that can now be done to improve our body corporate as at present organized. We now have the most important organs, the bones, the cartilage, the tendon, the muscle, and a weak circulation in the heart and large arteries. If we can this day send out from this center of action a fresh flow of warm arterial blood, coursing through the large arteries, to the extremities, rousing up to intense action every minute capillary, there will be a happy return to the cerebral organ, giving them increased energy and vitality. If we can start on its course from the brain a full current of nervous influence through the sympathetic nerves, thrilling through every minute nervous filament, we shall soon see the whole system, now sluggish and torpid, awakened to a new life, producing results exceeding our most sanguine expectations. We must go to work with all our energies if we would maintain our reputation, or make advances in accordance with the spirit of the age in which we live. We must be satisfied to see a less number of patients, that we may observe better and record the observation made. We must be willing to labor as individuals, and on committees, and make

thorough work in the reform. Such a course will eradicate all petty jealousies and rivalries between brethren, leaving only a fair and honorable competition for high distinction in the profession.

Gentlemen, I trust you have come here prepared to remain till the labor necessary to be accomplished at this Convention, is accomplished, even though it should require the remainder of the week. And when you have done this, you are to remember that your duties as fellows do not terminate with the close of this Convention. You are chosen for the year, liable to be called together again by your President, should the interest of the profession require your attention. You may have important duties to perform in the discipline of unworthy members.

As you return to the hills and valleys of Connecticut to resume your ordinary duties, go feeling that the interests of the profession in your several counties are in an important sense committed to your care. Attend your county meetings to explain and advocate such measures as you shall here recommend for their action, and attend to all the duties incumbent on you as fellows, till others are elected to fill your places.

In conclusion, brethren, permit me to say, we are constantly reminded by the Providence of God, that our time for labor here is short. The returns of the clerks of the several counties, to be made this day, will show that a number, not small, have fallen in our ranks during the year now past.

Three of these require particular notice at this time, their names being on our most important Standing Committees. The death of one of these, David Harrison, M. D., of Middletown, comes near the speaker, and to at least two other members of this Convention. He was our class-mate, a pleasant and a warm friend, for a period reaching near to one-third of a century. Another, Reynold Webb, M. D., of Madison, a few years our senior, an acquaintance of over thirty years. The last fifteen years residing in the same county, our intercourse has been frequent and pleasant. We always expected to meet him at our county meeting. If we were disappointed, it was an exception, not the rule. He was often a prominent member of this Convention. That noble form and familiar face we shall see no more. May we imitate all that is ennobling and elevating in their characters. The other brother, we remember, as one who has battled long and manfully with a fatal disease, to which he at last was obliged to yield.

We have to deal with an enemy that cannot, like the soldier on the battle field, be shot down, or driven off at the point of the bayonet,

and kept out by fortification. Unless we are spared to wear out by the infirmities of age, or cut off by the Providence of God, we are sure that the enemy we have been fighting all our lives, will at last triumph over us. Some disease will defy our skill, however eminent, the counsel of our brother, however wise. But we need not be troubled with this thought. The only perfect physician that has been on our earth, who could heal all manner of disease with a word, a look, or the touch, when he had accomplished his work, laid down his life; a life that no man had power to take, except it were given him from above. May we all, when in health, prepare to meet the last enemy, so that we may at last enter that world where we shall not hear the groans of the sick, the sighs of the broken hearted, or the ravings of the maniac; where all is holiness and happiness; whose inhabitants never say they are sick.

DISSERTATION,

BY BENJAMIN D. DEAN, M. D.

Mr. President, and Gentlemen of the State Medical Society :

ANOTHER year has quickly fled. Its brief, fleeting hours, whether laden with joy or sorrow, prosperity or adversity, are now past, mingling in eternity's ocean, with those beyond the flood. And thus, year after year has swiftly glided away, till now we are permitted by the record of our doings on this occasion, to acknowledge with due reverence the return of the sixty-fifth anniversary of our State Medical Society. Its origin being contemporaneous with the early struggles of our American Republic, and founded by those of our Profession, who acted well their part in establishing the free institutions we now enjoy, and possessing, as it does, many features, analogous to the return of our individual, or national birth-day, it should ever be held in honored remembrance by us, and our successors. Besides, it renders us important service in forming new friendships and renewing old ones. Its annual return cheers the mind with many happy reminiscences, by inclining us to review our professional associations of the past. In fact, it forms a milestone, a landmark in our career of mitigating the ills of man, which cluster so thickly around his whole pathway in this life. Therefore, let us all, whether present or absent, cherish it with renewed interest.

Without further detaining you with preliminaries, permit me to announce, that the "Medical Profession" will constitute the theme of my remarks on this occasion.

In my arrangement of this subject for your consideration, I propose to notice briefly its *History*, Present Position, and Prospective Attainments.

The history of all departments of art and science, is replete with interest to those who seek for knowledge, amid the mouldering ruins

and buried treasures of the past. Such in their researches are guided and allured backward down the course of time, by an occasional beacon-light whose somber radiance is in striking contrast with the darkness so visible along the steep declivity of receding centuries. And fortunate, indeed, is it, that such aid, however limited, is vouchsafed from generation to generation, and that the noblest results are sometimes secured through the influence of the humblest instrumentality. And, cheering is the fact, that here and there, through all the long and varied record of the past, some fragment of departing worth has been wrested from the otherwise universal and engulfing vortex of oblivion's night. And thus it is, that the condition of our race, past, present, and future, is inseparably united, each influencing in their turn, those that succeed them. And well it is, that the present is in continued dependence on the past, and the future on the present. For, were this bond of union severed, the wisdom and experience of past ages would prove of no practical service to us, nor would the events and acquirements of our times, influence the condition of countless generations that are sure to follow us during the lapse of a mysterious future.

The history of our Profession, during those remote ages, which constitute and environ the antedeluvian world, for a period of more than twenty centuries, is veiled in the darkest obscurity. The mind is beclouded in the wildest conjecture, in contemplating the position and attainments, that had been made in medical science, among that long list of kingdoms and empires, that arose and fell during those primeval ages, without leaving a single footprint to tell of their grandeur, dominion, and duration, ere they were entombed in one common deluge. And yet, that is not sufficient evidence for us to doubt its existence and success, through so long and obscure a period of the world's history. The chief wants and requirements for the comfort of man, have possessed the strongest analogy through all time. He has required food and raiment, repose and shelter in all ages, and in all climes. Endowed with the great elements of manhood, though clothed in the feebleness of infancy, he has arisen to power, and possession. And in all his prosperity or adversity, disease and death, in their numberless forms, at times stealthily, and again abruptly approaching their victims, have been no strangers to him. Indeed, it is reasonable for us to suppose, that he has ever struggled and labored to find some safe retreat from foes that so frequently and successfully attack the citadel of life. For, the law of self-preservation is, and probably ever has been, acknowledged a controlling element in guiding man's individual action. Acting almost

by intuition from the deduction of such an hypothesis, we are forced to the conclusion, that the virtue of medicine has long been acknowledged by mankind. Indeed, I feel justified in claiming its origin and achievements to have been cotemporaneous and coextensive with the race of man, since the decree of "dust thou art," was written on his brow. Its commencement and early development must have been humble. A few simple remedies might have been used by accident, and the ordinary application of these, would very naturally lead to the examination of others whose properties and influence on disease, though briefly recorded, could not fail to increase the desire, and extend the facilities of similar and more thorough investigations. In this limited and inauspicious manner, without doubt, the germ of our Profession was developed, and sustained in its infancy. And as the decree was appointed unto all men, rich and poor, high and low, the noble and the ignoble, bond and free, it was undoubtedly cultivated with great zeal and unanimity, and its application and appreciation must have become universal at an early day. Among every nation, tribe, and people, some were to be found who were considered competent to practice the healing art. And, thus, as we look down through the long gloomy vista of centuries, we can discover the early foundation of that noble structure, the Medical Profession, which now encircles the globe—modest and unassuming in its primitive history, like the development of the oak from the acorn, whose numerous, deep, and far-reaching fibers firmly sustain the trunk, with its many outstretched arms proudly defying the storms of many generations.

We learn from history, in tracing the progress of events, and advancement of the race, from the earliest record which has come down to modern times, that to ancient Egypt belongs the enduring fame of being the earliest effectual patron of Medical Science. Here, in this land of Pyramids, whose lofty proportions and artistic grandeur can never be excelled, the arts and sciences were early and successfully cultivated. And in the development of all the elements for the comfort and improvement of the race, it is a proud fact for us to know, that our Profession was not left uncared for and forgotten. Although we can not instance the names of its most honored members, as in more recent periods, still, the fact which I have already affirmed, can not be successfully questioned. For we have the evidence of Herodotus on this point, a Grecian historian, who lived in the fifth century before the Christian era; and whom Cicero calls the Father of History. He says, "that the science of Medicine received so much attention, that in the practice of the art, the division of labor appears

to have been carried as far as in modern times. That one physician was confined to the study and management of one disease; that some attended to the diseases of the eyes, some took care of the teeth, while many attended to the cure of maladies which were less conspicuous."

Division of labor, to this extent, could not have been established and maintained among any other than a refined and highly civilized people. In the infancy of society, every man employs himself in all the departments of industry, which are requisite for the supply of his immediate wants. As society advances, the various arts and professions arise, and with the progress of refinement, these necessarily undergo various subdivisions; but we do not look for this division to be carried to its ultimate limits except in the most advanced stages of civilization. That the Medical Profession has ever maintained an honorable position among mankind, in all ages of the world, is made fully evident from the fact of its sacred associations, at the earliest period from which history or tradition reveals its success to us. In the primitive ages of Egyptian history, its members were robed with the prerogatives of the cloister. They administered aid and relief to the body as well as the soul. Indeed, the priests of those days were almost exclusively the representatives of science and learning in all their varied departments. They were the physicians, judges, astronomers, architects and rulers. At what date this state of things ceased to exist, it is quite impossible for us to determine. But it is very evident that a long time must have elapsed after the study and practice of medicine had been recognized a separate profession, before the wants of society demanded that variety of practitioners in its several departments, which existed, as we have already instanced, among the early Egyptians, more than forty centuries ago. But this people, with all their wealth and refinement, their attainments in the arts and sciences, their gorgeous temples and lofty pyramids, were not permitted to escape the changes and decay, which are so visibly written on terrestrial objects. Yes, the glory of this once favored land, whose widespread civilization and scientific institutions have influenced the progress of the race in subsequent ages, at length reached its culmination. And in the decline that soon followed, of the vital elements which constituted its greatness, the Medical Profession shared in the same general wreck. But the light that sustained and guided the interests of medical science then, was only dimmed, not extinguished. For in later times, and among another people, its rays, with stronger effulgence, were destined to illuminate the pathway of man.

In tracing the progress of our Profession, after ceasing to linger amid the ruins and buried treasures of a nation, which occupies so conspicuous a position in the annals of both sacred and profane history, the mind is very naturally directed by its success, to ancient Greece. Here the most reliable early record of Medical Science is traceable. And much of its later history is closely blended with the noble institutions of that classic land,—a land proudly distinguished for its poets and philosophers, its science and song, its orators, heroes, and statesmen,

“ Clime of the unforgotten brave !
Whose land from plain to mountain-cave
Was freedom’s home, or glory’s grave.”

The history of this once powerful people, dates more than eighteen centuries anterior to the Christian Era. It is environed with thrilling events, and instructive lessons. Here literature, and the arts and sciences, were generally and successfully cultivated. Here the Medical Profession found a genial soil, and its members held no ordinary position in rank or power. In many instances they were the rulers of the people. And such was the degree of respect and reverence to which they attained as a class, that the memories of some of the most eminent among them, were constituted objects of worship after death. Thus it was with Esculapius, a surgeon of high attainments in his day, who received the homage of the profession to that extent, as to be honored and worshiped as the God of medicine ; and whose name has been preserved through the darkness and mutation of centuries, during the rise and fall of Empires, and is now acknowledged with pride and reverence.

The honors and emoluments of the Profession, were, for several centuries, hereditary in certain distinguished families of the priesthood, who, by their devotion to the cultivation of medical science, acquired a brilliant name. One of these families, descending from Esculapius, far excelled all others in the enduring reputation its members won in the healing art. This one was that of which Hippocrates was a member. This renowned family maintained a prominent position for a period of three hundred years ; and during that time furnished seven members of our Profession, who were highly honored, and without doubt justly entitled to the many flattering encomiums that have been bestowed on their memories. Undoubtedly, this is the only instance in the long and varied annals of medi-

cine, wherein one family has maintained equal prominence during three consecutive centuries. They were alike celebrated for their skill and their writings on medical subjects. Collectively they have the credit, as a family, of being the authors of seventy-two works.

The first of the family of whom history furnishes any record, flourished about five hundred years before the birth of Christ. And, as the sequel proved, the success of his labors, in a measure prepared the way for one who was destined to establish a new era in medicine, as the second of that name, grandson of the first, far excelled all others in brilliancy of mind and knowledge of disease. He was born in the Island of Cos, four hundred and sixty years previous to the Christian era. By his mother, he is classed as a descendant of Hercules, and according to the genealogy of those times, he is considered as the eighteenth lineal descendant from Esculapius.* Therefore his natural position in the world, aside from the acquirements to which he attained, gave additional character to the services which he rendered for the improvement of our Profession.

In his investigations of the science and practice of medicine, he saw much that had received the confidence and approbation of the earlier practitioners, to which he could not assent—much that had the semblance of truth, but which his acute, penetrating mind, decided to be error. He was fully competent for this important work. He possessed the true elements of character, necessary to constitute him a successful pioneer, and guide to our profession for all coming ages. His medical aphorisms, his discovery of the recuperative power of nature, as witnessed in the “*vis medicatrix naturae*,” and his demonstration of the critical days, in acute diseases, wrought a mighty change in the theory and treatment of disease among his contemporaries; and have since exerted a wide and healthful influence in establishing the present basis of medical science.

Little was correctly known of the true anatomical structure of man, at the period of our profession just noticed. It is not difficult for us to account for this state of things, when we consider the general prejudice, and even superstitious notions entertained by the whole people, relative to dissecting the human body. A more rational view of this subject became prevalent, however, soon after the extensive conquests of Alexander. During his reign, and that of his immediate successors, the department of Anatomy received much prac-

* He could boast of a noble ancestry, dating back through the changes and struggles of more than twelve centuries.

tical attention. Its study was thoroughly cultivated at Alexandria under the administrative rule of the Ptolemys. Under the liberal patronage of the first of these sovereigns, it commanded the attention of the Profession, to that extent, as to secure a favorable estimate of its vital importance by the people generally. Consequently what would have been considered a high penal offence for the advancement of the true interests of medical science in Hippocrates' day, soon became the favored theme and study of the profession. Extremes followed close upon one another, as not unfrequently happen in more modern times. The subject was prosecuted with such zeal and minuteness, it is recorded, that Herophilus, a highly celebrated Anatomist who flourished about one hundred and fifty years after the birth of Hippocrates, dissected even living criminals.

The Romans, as a nation, when we consider the degree of prosperity they enjoyed, and the immense controlling influence they exerted over other nations for centuries, deserve little or no credit for the meagre service they rendered in advancing either the good reputation or usefulness of our profession. During the lapse of that long and eventful period, in which the martial prowess of this brave people swayed the imperial sceptre over the then known world, little advance was made in the knowledge or treatment of disease. The many elements of greatness, preëminently enjoyed by them, which should have been employed in developing man's highest temporal interests and happiness, were ruthlessly submerged and forgotten in the vortex of national ambition and aggrandizement. And yet it is far from my intention to claim that the wants of our profession were entirely overlooked during those ages that witnessed the fortunes and reverses of this gigantic Empire. For history has preserved a few names from the general wreck of this once favored nation of antiquity, which were identified with the interests of the medical profession. Among this list, the name of Celsus deserves, perhaps, a favorable consideration when compared with his cotemporaries. He was a voluminous writer, but did not possess an inventive, originative mind. He was, beyond question, a great compiler. If he excelled in any one department more than another, it was in the province of surgical subjects.

In this connection, were I to fail to notice, briefly, the claims to which the memory of Galen is entitled in this imperfect review of medical history, I should be sure not to accomplish fully my purpose on this occasion. Several centuries had rolled their innumerable changes over the scenes of earth, during the period that elapsed from

the death of Hippocrates the great, to the birth of Galen. This distinguished disciple of Esculapius was born in Asia Minor, in the year 131, after the appearance of that memorable star in the east, which so completely disturbed the equanimity of Herod, and all the Egyptian court. Possessing rare intellectual endowments, he would have been a valuable acquisition to any profession. At an early age, however, he manifested a strong attachment for the study of medicine, and soon became distinguished for the services he rendered in the improvement of medical science. He was a ripe scholar, a ready writer, and a profound reasoner. The great principles embraced in the theory of Hippocrates, he adopted and zealously advocated; and in the seven hundred and fifty essays on medical subjects, which are accredited to him, a leading object seemed to be, to give correct illustrations of the doctrine taught in the labors of him who will be honored as the father of medicine, so long as the history of our profession shall be preserved. Galen was naturally prompted to manifest more fervency in this direction, for the reason that a portion of his cotemporaries, at least, had not only misunderstood, but misrepresented those principles of the great philosopher in medicine, which he held in venerated remembrance. He attained the age allotted to man's earthly career, of three score years and ten; and during the greater portion of his life, his brilliant mind was closely occupied with the view of advancing the good reputation of the healing art. And safely it may be said, that he labored not in vain, for he won his way to a proud position, among the noblest votaries of science recorded in antiquity. Indeed, his success would appear commensurate with the aspirations of the loftiest ambition; for his opinions and elucidations of medical science bore almost undisputed sway over the medical profession during more than twelve centuries. This may, in a measure, be attributable to the general abandonment of scientific research, during that period of the world's history, known as the middle ages, when an almost universal gloom enveloped the mental world, obscuring the lights that guided man's true elevation and progress. The decline and fall of the Roman Empire directly preceded, if not the precursor, of that night of mental paralysis, which extended its blighting, enervating influence through centuries, including and entombing much of the accumulated wisdom and experience of our profession, in the same general wreck.

During the ten centuries next following this overthrow of empires and dynasties, a general abandonment of scientific research was visible among those who had been its most effective patrons. From this period to the dawn of the ninth century, the lights which had cheered

and guided the interests of our profession, became obscured in the thick moral darkness that rested so heavily on the progress of the race. Then it was, as we approach the noon of this moral night, the gloom apparently becoming more dense, that the feeble rays of a glimmering and unexpected light are visible in the distant horizon. As distance lessens, anxiety deepens in the mind, not unlike the solicitude of the mariner, who for the first time, without chart or compass, approaching an unknown and rock-bound coast, veers the course of his frail, tempest-tossed bark, in the direction of a new, though unexpected light. He cannot discover, while retreat may be possible, whether it be true or false, whether an omen of safety, or the fearful precursor of inextricable danger and despair. But buoyant with hope, and spirits undaunted, with his eye intently fixed on the distant light, he presses on through wind and storm, and the discovery of a continent rewarded his labors. Imagination may picture a similar scene, while the mind contemplates the doubts and uncertainties that cluster around the first demonstration which Arabia made, in the cultivation of medical science. Yes, the land and descendants of Ishmael, the wild man of the desert, the only nation in all antiquity that never submitted to the dictations of a foreign conqueror, always free, and thus will they ever continue, at length became the depository of letters, the oasis of our profession. And the Arabian physicians deserve the gratitude of posterity for the unwearied devotion they manifested, though humble the result, in its success and advancement.

On the revival of letters, Galen appeared to be held in nearly equal reverence with Aristotle. His reputation and position in the medical world, as the long moral and mental night which had hung like a mantle over the middle ages, disappeared, still received the homage of the profession. This state of things continued for a time. But at length the spell was broken. For a class of independent minds were deeply occupied in their researches for the elevation and improvement of our profession. Their labors led to important results. By the tests they instituted, new principles were developed. And perhaps no one rendered greater service in this direction than Bacon. Long will his noble influence be felt in behalf of a sound basis of rational philosophy in medicine. He justly condemned the spirit of superficial investigations, and vague speculations, which constituted a prominent feature in the labors of previous ages. He urged the paramount necessity of more careful attention to that branch of medical science known as morbid anatomy. A thorough knowledge of this department, in connection with the proper study and cultivation of

therapeutics, were considered by him of primitive importance. And in his opinion, the general diffusion of quackery among all classes, in his day, resulted directly from the feeble efforts made for the cultivation of these branches.

The writings of this wise man exerted, unquestionably, a powerful influence on the mental culture and professional attainments of Harvey and Sydenham, who manifested such partiality and even reverence for his system of philosophy in medicine.

Since his day, the several departments of our science have made rapid advancement in the line of improvements. The discovery and demonstration of the circulation of the blood, formed an important era, in the history of our profession. It quickened and increased the vitality of thought, and aroused the whole medical mind to a higher appreciation of more critical observation. The resources of chemistry have been called into requisition and have rendered important service. The labors and writings of Boerhaave, Haller, Hunter, and scores of others, are entitled to an honorable notice on this occasion; and if time and your patience would permit, a glance at their history might not be wholly devoid of interest or profit.

With the commencement of the present century are witnessed important developments of true progress in medical science. It forms a glorious era in the annals of medicine. Since passing its threshold, great influences have been steadily at work to establish a more reliable basis of the pathology and treatment of disease. And much has been accomplished. Nor could we have reasonably anticipated a less favorable result, when we duly consider the zeal and ability that have characterized the efforts of Laennec, Prout, Brodie, Chambers, Liebig, Marshall Hall, and a host of others, engaged in accomplishing this noble work. And in view of the high position which the medical profession occupies to-day, I feel safe in claiming that more has been done for the improvement of medical science during the last half century, than had been achieved in centuries previous.

Nor has the usefulness of our profession been limited to the treatment and cure of physical disease alone. It has soared on loftier wing to analyze and comprehend the subtle agencies that regulate and control the complicated elements of mind. As the mind is the noblest attribute in the full development of man, so do the study and successful treatment of its maladies, constitute the crowning glory and proudest mission of the medical profession.

Within a few years past, the medical treatment of the insane has received the most careful investigation at the hands of some of the

most gifted members of our profession. And now, there are in this country alone, some forty Hospitals or Retreats for the reception and amelioration of this unfortunate class of our race. According to the reports of some of the most successful of these institutions, nearly fifty per cent. of the number admitted, has been fully restored to soundness of mind. This fact alone speaks nobly in behalf of the evidence of improvement in our profession, during the first half of the nineteenth century. But this is not all. The labor and liberality of our profession in succoring and improving the many unfortunate fellow beings of our race, do not end here. For its humane impulses are still further warmly enlisted to secure the elevation and improvement of another class of mankind, who have been considered, till within a few years, as occupants of a sad, but irremediable condition. I refer to that class, which, bearing the external signet of their Creator, has existed in every age, but whose imbecility of intellect has assigned them a rank below the brute creation.

To be in a state of idiocy was to be in a position far too low to be cheered by even a single ray of hope. Thus for more than six thousand years has this earth of ours revolved around its common center, sustaining beings in human form, who were unconscious of life or any of its relations. But the honor was reserved for our times and age, to witness the progress of that science and philanthropy that would circle the globe in seeking to elevate man to his true dignity and position.

Thus, gentlemen, I have sketched imperfectly the history and achievements of the noblest science that ever occupied the attention of finite minds. We have witnessed some of the many obstacles it has overcome in attaining its present enviable position. No profession has been cultivated with greater enthusiasm and more constant devotion than medicine; and considering the degree of superstition, and number of false theories it has had to encounter in all ages, none has made greater proficiency. It has been sustained by many patrons justly numbered among the most brilliant minds which this earth has ever witnessed—names identified with man's true sphere and destiny, and whose memories will increase in grandeur and veneration as future generations shall review the record of the past.

And still the work is not all performed, nor are the noble aims of our profession fully accomplished. Although it now occupies, in the meridian of the nineteenth century, a commanding and honorable position, there are yet prouder heights to attain, and still nobler victories to be won. The whole profession should arouse itself to new

and greater efforts, if its future success would add to the value and renown of its past achievements.

False theories in medicine are of luxuriant growth, and have found zealous advocates in all ages. And though the fact is humiliating, it is painfully evident that our own times form no exception in this particular. Empiricism in the practice of medicine, as at present exhibited, holds a strong position and exerts a wide influence. It possesses a wonderful degree of adaptation in securing its object. It approaches its victims in a variety of shades and forms. Its advocates are numerous and presumptive, beckoned on by the unqualified assurance of possessing both fame and fortune as their reward. Neither is its field of conquest strictly confined to the lower strata of society, for at times it possesses the form and comeliness of true culture and refinement, and thereby secures the patronage of wealth and station. And it is to be feared even, that members of the regular faculty in medicine, holding fellowship with us and connection with this society, are to be found, who are not wholly free from its paralyzing, fascinating influences.

That Empiricism is an evil of the first magnitude, in its ability to retard the true progress of medical science, I think all will readily admit. If such be the case, can no remedy be proposed of sufficient vitality to stay its further progress? Briefly, I would say, that if its enervating, devastating currents are ever checked in their blighting course, the work must be effected by the agency of the strongest union in our own ranks, united with a more thorough diffusion of a sound philosophy of medical science, among the masses of the people. The bickerings, jealousies, and unkind remarks which are sometimes witnessed among medical men, in their professional capacity, should cease. Each member should henceforth labor, as it were, for the good reputation of his associates, and thereby secure the return of more permanent reward for individual effort. When that period is welcomed and attained, then will the cheering and healthful influence of our noble science be more universally experienced in all lands. Then, and not till then, will our profession, united and prosperous, occupy that proud position which is commensurate with its worth.

BENJAMIN D. DEAN.

NORWICH, May, 1857.

DISSERTATION,

Read before the Hartford County Medical Society, at its Annual Meeting, April 3, 1857.

BY P. M. HASTINGS, M. D., HARTFORD.

REMARKABLE changes have been gradually taking place in medical literature during the past half century. From being simply the repository of hypotheses, hastily formed to account for isolated phenomena, there is a marked tendency apparent, to neglect theoretical speculations, and to confine itself to the record of carefully observed and accurately noted facts, bearing directly upon the practice of medicine. A medical writer who speculates merely, can hardly secure readers, at the present day, and it seems impossible that any theory, however plausible and beautifully constructed, can ever again control the opinions of the medical world, as did those of Brown and Broussais,

The main causes of this improvement in medical literature, may be found in the growth of collateral branches of knowledge and their application to medical science. Chemistry, instead of being confined to the description and analysis of certain articles of the *materia medica*—as it was in the memory of many now living—has been applied to the elucidation of the vital functions, with wonderful results. She has not only placed on a reasonable basis, much that experience had taught us, as true, but has added vastly to our stock of knowledge. The knowledge of the composition of animal tissues, and the conditions of waste and supply, must ever exercise an important influence upon the treatment of disease. Without doubt, we now treat many diseases upon a more rational plan and more successfully, from an acquaintance with the principles or maxims derived from the principles of vital chemistry.

There is an increasing disposition among medical men of the present day, to base diagnosis of disease upon a sound pathology, and important practical results have already been realized. The conceptions entertained by physicians of the changes induced by disease, were often vague and unsatisfactory, and to a certain extent this still remains true. The inability of detecting, in many instances, any morbid change, leaves abundant room for conjecture, a mental condition always to be avoided. We are disposed to look for evidences of change of structure in all fatal cases of disease, and if these are too transient or too minute to be traced, we experience disappointment, and it may be lose confidence in the method of treatment pursued. Recent discoveries lead us to hope that this source of uncertainty will be partially, if not wholly removed, ere long.

By improved methods of investigation, we are daily becoming better acquainted with the more delicate tissues of the body, and the hitherto unseen changes induced by disease. We now mark evidence of change of structure, where a few years since, the most skillful pathologist failed. This advance in pathology, is due, in a great measure, to the introduction and improvement of the microscope.

It is to some of the discoveries and the practical value of the microscope, as a means of diagnosis in disease, that I wish to direct your attention for a few minutes to-day.

To one, whose ideas of the microscope were formed a quarter of a century since, it will appear strange, and perhaps very unreasonable, to claim any value for observations made by its instrumentality. But we should bear in mind at the outset of our inquiry, that the microscope of the present day is a very different instrument from that in use even twenty-five years since. After the brilliant discoveries of Ehrenberg and his cotemporaries, the microscope fell into undeserved disrepute, on account of errors of misinterpretation of less gifted observers. So great were its imperfections that a prolonged dispute arose in regard to the form of the blood corpuscles—one representing them as globular, another as flat discs, and still another as of irregular shape and size. So perfectly can these bodies be defined, by the modern microscope, that no difference of opinion need be entertained. This may be taken as an illustration of the deficiencies of the old microscope, and the consequent diversity of opinion, leading scientific men to regard it as a beautiful, but useless philosophical toy.

The attention of opticians, however, was directed to the improvement of this instrument, with so much success, that they now claim to have fulfilled all the conditions of the theory of a perfect microscope.

No difference of opinion need now be entertained in reference to what is seen, though the perfection of an instrument can not obviate or prevent the errors of interpretation which will always arise, when men of differently constituted minds view the same object.

Let us note a few instances, wherein our knowledge of the structure and functions of the animal economy has been increased by microscopic investigation. I have already alluded to the extended observations of the blood corpuscles, made at an early period in the history of the microscope. We now know that these play an important part in the history of animal life, as carriers of the oxygen and carbon, essential constituents of the body; that they are of different sizes in the various genera of animals; that they differ in form in the warm and cold blooded; and that they are accompanied by other and larger corpuscles, whose office is probably quite as important. But there is still much to be learned in regard to their origin and ultimate destination, furnishing a highly important and useful field of inquiry. The circulation of the blood can be clearly illustrated by the microscope, in many transparent parts of animals. The changes too, effected in this fluid, in its passage through the minute tissues, are known to take place, while contained in its appropriate vessels, through their parietes, and not by escape into the cellular substance. The vessels are so extremely minute in the lungs, (and this is probably true of all parts of the body) that a single series of blood corpuscles is allowed to pass at once, and the changes alluded to, are brought about by the principle of endosmose and exosmose. It is probable, that in no instance, do these minute bodies escape from their appropriate vessels, without a solution of continuity. This is known to be the case, in all the secreting and excreting glands.

Perhaps the most splendid, as well as the most important result of microscopic investigation, has been the establishment of the doctrine of the cellular formation of all organized products. It is now settled beyond question, that every part of an organized structure is made up of cells or their products. The cell is regarded as the type of organization, and possesses an individual life, which may enable it to maintain an independent existence and to continue its kind by reproducing individuals like itself to an indefinite extent; or its life may be subordinate to that of the structure to which it belongs, and of which it forms a component part. Starting from this point it is not difficult to trace the origin and mode of formation of most of the complex structures of the animal fabric. It is however, true, that some of the altered tissues of the higher organisms, compel us to have recourse to the

analogy furnished by those of the humble and more simple types of animals, to resolve them satisfactorily.

To my mind, the light thrown upon the difficult subject of generation, furnishes one of the most beautiful illustrations of the value of microscopic investigations of the animal functions. It has been determined, in every instance, where the life history of the more simple forms of animal and vegetable life has been studied, that however prolific they may be, multiplying themselves an hundred fold in a few hours, by the processes of gemmation or budding and by fissuration or self-division, there is always a true generative act performed at some period of their lives, thus preserving the species. This act, indeed, is absolutely essential, for a repetition of processes of gemmation and fissuration leads to wide departures from the original type and thus specific differences are obliterated—and further, it is known, that among the higher plants, a race soon becomes extinct where circumstances prevent the renewal of the generative act. In many of the simple and transparent organisms above referred to, often consisting of a collection of simple cells, brought together without much apparent order, a cell may be seen, whose office it is to receive the contents of another cell, and to become as a consequence of such union, an individual like its parent. There are various modes in which this union or conjugation is effected. Sometimes it takes place within the body of the parent where both are formed, or these two cells may meet after extrusion from the parent, or again the contents of these two may be received by a third cell, which becomes developed while the original cells perish. There can be no question that this process of conjugation, constitutes a true generative act, and is a type of the same function in the higher orders of organized beings. Not unfrequently, these cells, whether of animal or vegetable origin, are endowed with powers of locomotion; and the distinction between ova and sperm cells can generally be made out even among the most minute organisms. Sufficient evidence has been accumulated to establish the principle, that the essential part of the function of generation, consists in the union of two cells of different natures; a principle applicable alike to vegetable and animal propagation. In many of the higher orders of animals, we can not always trace the mode in which, nor the period at which this union is effected. Still we can not doubt its reality. In fishes and reptiles, such union of ova and sperm cells, takes place externally to the body of the parent, either at the moment of extrusion or soon after, and can readily be noted. In the mammalia, the organs of reproduction are

so complicated, that it becomes exceedingly difficult and in many instances impossible, to trace the process of fecundation, and we are obliged to be content with the analogy furnished by those of more simple structure, and infer that this union takes place. In these higher orders, we find indeed, the same elements, the ova, which requires the addition of the spermatic fluid for its development. In the sperm of all the higher animals, the microscope reveals the existence of almost innumerable little bodies endowed with active motive powers, which have received the designation of *Spermatozoa*, from the evidence of their distinct animality. Since locomotion has been proved to belong to certain conditions of vegetative life, these bodies are regarded as simply sperm cells, whose contact with the ova are absolutely essential to fecundation. It is difficult to conceive how this contact is brought about in man, since, as far as our knowledge extends, the conditions for the transmission of the sperm cell to the ovary, are in all respects unfavorable; but as fecundation is known to have taken place before the ova reaches the cavity of the uterus, we are forced to the conclusion that such transmission is effected. Still further, we know, that the presence of these sperm cells, is an absolute condition to impregnation, for where the spermatic fluid is destitute of the sperm cells, or where they exist in a mutilated state, the act can not be perfected. It is somewhat singular that the disparity of numbers, between the ova and sperm cells, holds good among the lower, as among the higher orders of animals and plants, the former being comparatively few in number, the latter being furnished almost without limit. After impregnation, the history of the new being forms a topic of very great interest, development being effected by the successive production of cells and their subsequent modifications.

It is not a little remarkable, that between the cell, that increases by self-division, and propagation by cells in all respects like itself, and which never reaches a higher point of development, and that endowed with power of growth to the highest form of animal existence, the microscope can detect no appreciable difference, both consisting of a membranous sac enclosing minute granules. Beyond this point our powers fail, and we must rest content to refer the changes witnessed to that mysterious principle we denominate life.

Let us note a few points of the practical bearing of the microscope. In cases of Medical Jurisprudence, that instrument has often been called into use, and its revelations have been received as evi-

dence of high character in courts of justice. In a recent case, which is fresh in the minds of all, it was used to determine the character of blood stains and aided much in narrowing the field of inquiry.

In practical investigations its value in determining the character of secretions of the genito-urinary organs, is generally acknowledged. We often have the ability of locating the particular point from which a discharge emanates, and the value of microscopic examination becomes at once apparent. The forms presented by the epithelial scales from various points of these organs are peculiar. Thus in *Spermatorrhoea*, the disease may be limited to the prostate gland to the *vesiculae seminales*, or to the testes, the epithelial scales accompanying the discharge will often enable us to fix upon the point most affected by disease. In *Leucorrhoea*, we can by similar means detect the existence of disease of the vagina, the os, the cervix and the fundus of the uterus. Abnormal urinary secretions are usually accompanied by epithelial scales indicating their origin, these bodies being of different forms in the urethra, neck of the bladder, the fundus and in the uriniferous tubes of the kidney. We detect the presence of sugar in the urine by the rapid development of *confer*-violet vegetation, the existence and various forms of urinary calculi, abnormal quantity of inorganic salts, the presence of blood, pus and albumen and in many instances determine the point from which they originate. The various forms of organic disease of the kidney, can often be detected, portions of the new or altered structure being present in the urine.

In diseases of the respiratory organs, the microscope affords valuable aid in diagnosis. Not to mention the presence of blood, and pus in the excretions, the various forms of tubercular disease furnish characteristic microscopic appearances, which have been accurately described. The tubercular cell being an imperfectly developed pus cell, presenting peculiarities readily made apparent.

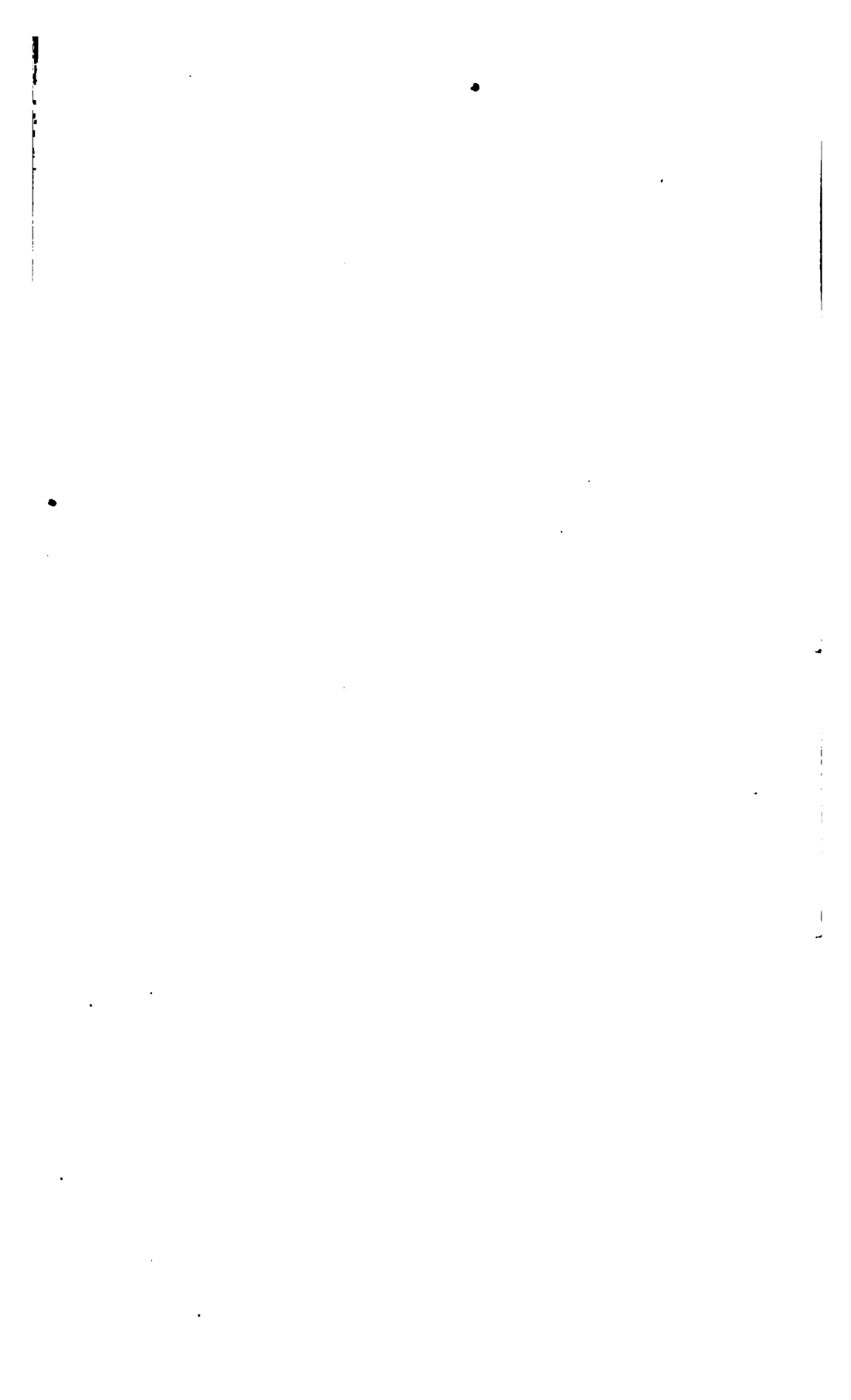
The recent discovery of a peculiar parasitic vegetation, termed *sarcina ventriculi*, in the stomach, has led to more satisfactory methods of treatment in some of the most obstinate diseases of this organ.

This instrument has been applied to the diagnosis of tumors, ever a matter of difficulty and debate, with the most experienced surgeons. It is claimed by one class of observers, that a true cancer cell can always be detected in malignant tumors; its various forms have been accurately delineated, and great reliance has been, and is still, placed upon its discovery. Others, deny the existence of a distinctive cancer cell, and assert that here the microscope is wholly at fault.

From a somewhat careful examination of these opposing views, I am inclined to believe, that in very many cases of doubt, certainty can be attained by microscopic investigation. While in regard to other cases, our knowledge is as yet insufficient for the formation of positive opinions. But there is certainly reason for hoping that more extended observations will render clear, many, if not all the difficulties, attending the diagnosis of tumors. The conclusions arrived at by the earlier and more sanguine microscopists, have frequently been found erroneous by more careful observers, but since the introduction of improved instruments into all the principal hospitals of the civilized world, we may confidently expect valuable results. In regard to fatty and hydatid tumors, where doubt of their character exists, the microscope can readily be called in aid with satisfactory results, the matter drawn by an exploratory needle being sufficient for its purposes.

The microscope has farther shown that many of the most obstinate skin diseases, are due to the presence of minute animals, and such knowledge has led to certain methods of cure. In others, parasitic vegetations have been discovered, and experiment has indicated modes of eradication.

Not to multiply examples, the fact that the microscope is in daily use throughout all parts of the civilized world, as a means of diagnosis, and that new discoveries are constantly being announced, bearing upon the causes of disease, must be received as strong evidence of its value. While it does not usurp the place of the stethoscope, or speculum, means furnished by modern science, we must claim for it a position of equal value. But unlike these instruments, it has a more extensive range, and can not fail of attaining a higher rank as a means of diagnosis.



BIOGRAPHICAL SKETCHES,

OF PHYSICIANS DYING DURING 1856-57.

DR. ELI HALL.

BY GURDON W. RUSSELL, M. D.

ELI HALL was born in East Hartford, on the eighth of October, 1785. He received his academical education in Lester, Massachusetts, and pursued his medical studies with his father Dr. Timothy Hall, a prominent practitioner of the time, Dr. Griswold of the same place, and with Dr. Cogswell of Hartford. He attended lectures at Hanover, New Hampshire, where he graduated, and after residing in East Hartford, about a year, removed to Blanford, Mass., where he continued until about 1839, when he returned to his native place.

In Blanford, as I learn, he was the principal practitioner, and did a large business, and though it was scattered and laborious, yet he enjoyed excellent health. He had eminently the confidence and respect of the community, who appreciated his good sense, and his quiet, unobtrusive manners, and parted with him with reluctance when he left for another field of labor.

When his father died he returned to East Hartford, and was soon in full business. Though never absent for a great length of time, yet he often made visits of pleasure to his different friends, or to his former residence in Massachusetts, and these excursions he enjoyed greatly, as affording him relaxation, and opportunities of social intercourse. The last year or two of his life he was troubled with enlargement of the prostate gland, and visited but few patients after October, 1855. He lingered through the winter and spring, able to take but little nourishment, and becoming extremely emaciated, until the eighth of June, 1856, when he died.

Dr. Hall was a man of remarkable gentleness; and equanimity of temper; of much moderation, he was inclined to take a favorable impression of men and things, joining in condemnation with reluctance, or seeking to soften it with excuses. Hence there was in him little of boldness of character, or of novelties in practice, and he was content to tread in those good old paths of his predecessors, whose lights, if they were less brilliant than some of those of modern days, perhaps effected quite as much for humanity. His common sense was excellent, and this, with his modesty, and retiring, unobtrusive disposition, formed the chief traits in his character. His medical knowledge was respectable, his discrimination of disease was good, and his treatment, though not heroic, was not expectant. Constituted as he was, he was not likely to err in any matters by going to either extreme, and was content if the patient did not die from any efforts of his own, as well as from a failure of them.

He was lovely in his family, affording his children the advantages of a good education, and was loved and respected by them. Though losing several by death, and watching them with anxiety during long sicknesses, he yet bore his afflictions with patience and resignation, as became him. His Christian character led him to receive with thankfulness the blessings bestowed upon him, to bear with resignation the ills of this life, and to endeavor to live in peace and charity with all men.

In the community in which he lived, he was loved and respected, as a kind physician and as a quiet man; with the physicians he stood well, enjoying the respect of his neighbors and acquaintances, and thus passed the last days of his life, well spent in the enjoyment of much happiness and the practice of good works. Social, benevolent in his feelings, kind and amiable in his manners, he passed through nearly seventy-three years, with quite as much of happiness and respect as falls to the lot of most men, and died leaving a pleasant memory behind him.

HARTFORD, APRIL, 1857.

DR. SYLVESTER BULKLEY,

BY RUFUS W. GRISWOLD, M. D.

SYLVESTER BULKLEY was the second son of Hosea Bulkley, of Rocky Hill, (formerly a part of Wethersfield,) in which place he was born in 1787. He was prepared for college by Rev. Calvin Chapin, D. D., of Rocky Hill, entered Yale in 1806, and graduated in 1810. The following winter he taught school in Wethersfield, meantime pursuing the study of medicine under the instruction of Dr. Daniel Fuller, of Rocky Hill. He then attended lectures in the medical department of Dartmouth College, Hanover, N. H., and received the degree of M. D., at that institution, in 1812. Dr. Bulkley first commenced the practice of his profession in Haddam, where he remained about eight years, when he disposed of his business to a Dr. Munger, and went to Chester. There he remained but a short time, when he returned to that part of Haddam known as Higganum, in professional connection with Dr. Munger. A more favorable offer presenting itself, Dr. B. located in Upper Middletown, (now Cromwell,) where he remained in successful practice for about twelve years. He then relinquished his business in that place, and after spending a few months in New York and its neighborhood, availing himself of the facilities for acquiring medical knowledge there afforded, he returned and settled in Berlin. In that town he continued until 1848, when Rocky Hill being left without a resident physician, by the removal of Dr. A. W. Barrows to Hartford, Dr. Bulkley returned to his native place. Here he continued in the practice of his profession until within a few days of his death, though age and its consequent infirmities restricted the amount of his business for the latter part of the time.

Dr. Bulkley was of a robust habit of body, and of vigorous constitution, and had good health, with the exception of attacks of rheumatism, which is hereditary in his family. In consequence, probably, of exposure and over exertion in visiting a patient, in the severe weather of the season, he was taken sick the twenty-seventh of January last, and died the first of February, in the seventieth year of his age. His disease was an acute inflammation of that portion of the peritoneum covering the liver, which probably extended to the liver itself. For the first three days of his illness, Dr. Bulkley expected to recover, and his physician thought him improving; but after this he passed

into a state of total insensibility, and sank rapidly. He was attended by Dr. A. S. Warner, of Wethersfield, and once seen by Dr. E. K. Hunt, of Hartford, and myself. Dr. B. was a member of the Hartford County Medical Society at the time of his decease, and had always felt a lively interest in all efforts for the promotion of the profession.

Dr. Bulkley was an honest man, upright and straightforward in his dealings, an active and excellent member of society, of high moral character and correct habits of life, enjoying the esteem of his neighbors and acquaintances, and a sincere professing Christian. He became a member of the Congregational Church in Berlin, during his residence in that town, and continued his connection there till his death, though an attendant on divine worship at Rocky Hill, after his removal thither.

As a physician, Dr. Bulkley enjoyed a liberal patronage in the several localities where he resided. He stood well in the estimation of his brethren of the medical profession, and was on particularly confidential terms and often in consultation over the sick-bed with the late Drs. Richard Warner, of Cromwell, and Archibald Welch, of Wethersfield. Naturally of a strong mind and independent character, he had little disposition to yield to the foolish whims of his patients, when he saw that yielding would be prejudicial to their recovery; and his refusal to gratify them in this respect, sometimes made enemies of those who should have had the greater regard for him for his firmness of purpose in their behalf. Considerations of policy, which often stand men in stead of sound medical knowledge; subterfuge in conversation, which is a cover for professional ignorance; suavity of manner, which hides defects in the practice of medicine,—upon these Dr. Bulkley did not altogether rely, to gain the esteem of the families in which he practiced. He expected to benefit his patients, rather by the potency of his remedies than by the grace of his bow; by the efficacy of his prescriptions, rather than by the ease of his conversation. Consequently, those who call a physician more for the purpose of having their diagnosis confirmed, and their views of the proper treatment supported by him, than for the sake of his medical advice and care, and who dislike him in proportion as he disagrees with their notions, often complained of Dr. B. when they would have done better to listen willingly to his counsel, and adhere trustingly to his orders. With quacks and quackery he had no patience, and quite as little with those who followed them. Of “steam doctors,” “consumption doctors,” and other like empyrics, he entertained a great abhorrence

and contempt; and with the various isms in medicine, that from time to time spring up to have a mushroom existence, he would have nothing to do. Correctly considering a proper medical education as indispensably necessary to the proper practice of the profession, and that the science must have a stable theory based upon known facts for its foundation, in order to be deserving confidence, Dr. Bulkley had no part with those who "take up" the trade without a thorough training in the various fundamental branches of the profession, and would have no counsel with interlopers, who had no other title to be called doctors than that bestowed by themselves alone.

Dr. Bulkley lived to a ripe old age, in the enjoyment of respect and esteem, performing his duties as a man and a physician, capably, faithfully and honestly, and was gathered to his fathers in peace, like a shock of wheat fully ripe for the harvest.

ROCKY HILL, April 28, 1857.

SANITARY REPORT FROM HARTFORD,

BY GURDON W. RUSSELL, M. D.

THE deaths in the town of Hartford, for the year 1856, were, including stillborn, 823, which, in a population of 26,000, would make about one in 80. Of these, 162 were males, and 161 were females; and occurring during the five first years of life, 140, of which 55 were males and 85 were females. There were deaths from consumption, 54, from Marasmus, 9; the deaths from the former amount to one in 6 of the whole number.

I have made no classification of the deaths which have occurred, except those of a zymatic character, termed endemic, epidemic or contagious. These amount in number to 70, being a little over one in $4\frac{1}{2}$, and are classified as follows:

Scarlet Fever,	-	-	-	-	-	-	-	4
Measles,	-	-	-	-	-	-	-	8
Hooping Cough,	-	-	-	-	-	-	-	7
Cholera,	-	-	-	-	-	-	-	
Cholera Infantum,	-	-	-	-	-	-	-	16
Croup,	-	-	-	-	-	-	-	11
Diarrhea,	-	-	-	-	-	-	-	11
Dysentery,	-	-	-	-	-	-	-	7
Erysipelas,	-	-	-	-	-	-	-	
Fever, Intermittent,	-	-	-	-	-	-	-	
" Remittent,	-	-	-	-	-	-	-	
" Typhus,	-	-	-	-	-	-	-	10
Influenza,	-	-	-	-	-	-	-	
Small-pox,	-	-	-	-	-	-	-	
Syphilis,	-	-	-	-	-	-	-	1
Thrush,	-	-	-	-	-	-	-	
Total,	-	-	-	-	-	-	-	70

The mortality of this class of diseases is usually considered a pretty correct indication of the sanitary condition of any place, and is favorable as regards Hartford. The number of deaths and the amount of sickness has been by no means large, and tends to confirm the impressions generally received, that the past year has been comparatively a healthy one.

In looking at the above table it will be perceived that there has been some deaths from diseases considered as contagious; thus, from *Scarlet Fever* there has been 4. This prevailed mostly during the latter part of the year; the cases were generally mild and few in number. In some instances, the anginose symptoms were troublesome, and were perhaps as well relieved by stimulating applications, internally or externally, or by the frequent use of emetics, as by other measures. These last remedies, operating upon the disease by their revulsive power, and cleansing the throat more effectually than can be done in any other manner, exercise a most beneficial influence, and but imitate that spontaneous vomiting which so often occurs at the commencement or during the progress of the disease.

Of *Measles* there has been 3 deaths. This disease commenced during the latter period of the year, and was for some weeks mostly confined to the northern part of the town. Speaking of it, as continuing to the present time, it has been very extensive in its character, and yet not of a very bad type. Most of the deaths which have occurred have been from pneumonia, either during the progress, or subsequent to the original disease. Aside from this special complication, most cases have done well upon mild remedies. I can not omit to notice here the unfavorable influence manifested by the early use of stimulating diaphoretics, or active cathartics. Under the impression that the eruption ought, upon the accession of the disease, immediately to make its appearance, the friends have been apt to drench the patients with milk punch, or warm drinks of various kinds, hoping to force out the eruption, not knowing that the disease must run a certain progress before this will show itself, and by this active interference have often so increased the inflammatory state of the system, that some organ has become especially affected; or else have purged violently, and thus bringing on a diarrhea, or lowering the tone of the body by a violent shock, have rendered the eruption tardy in its appearance, and the disease imperfectly developed. In these instances, complications, though not always occurring, may be looked for. The disease is one specially of the skin, though attended with constitutional symptoms,

and if it can be made to spend its violence externally, it is at the relief of the internal organs, and with not much danger to the patient.

Several well authenticated cases of Measles, occurring for the second time, have been witnessed. This is nothing new to the profession, but should be improved by us with the public, in showing that this disease may occur more than once.

Hooping Cough prevailed during the latter half of the year, and there were eleven deaths reported from this cause.

These three diseases, measles, scarlatina and hooping cough, were present during the latter part of the year, and were followed in time by variola, showing that epidemics are very apt to follow or accompany one another, particularly those affecting the skin.

No deaths are reported as having occurred from small-pox, though it made its appearance first, sometime in December, and continues to the present time, being the most extensive epidemic of this character which has prevailed here for many years.

In connection with this subject, I trust that I may be allowed to make some remarks upon *Vaccination*. I am afraid that there is an increasing impression with the public against the utility of this operation, for parents are not only neglectful in seeing that it is done for their children, but are also found to protest against it, on the grounds of its inefficacy, as well as from the fear of disease being communicated by it. As regards its inefficacy, there are no grounds for believing it, if we will examine the whole subject with care, and do not expect too much from it. Jenner himself found that some of his patients who had been vaccinated, were seized with a mild disease similar to variola, when exposed to it, and began to distrust its perfect protective power, thinking that too much might have been claimed for it at the first. Now, this is probably the true view to take of it; too much has been claimed for it; that it is not an absolute protection from variola, as our experience shows us that some, although thoroughly vaccinated, will have a modified but not dangerous form of this disease. Let us therefore be content with what we can gain, not claiming more for this invaluable discovery than the facts will warrant, nor holding out to the public any uncertain expectations, but state it just as it is, and rejoice that by it mortality has been much diminished, or that if a modified form of the disease does occur, it is shorn of much of its terrors.

But there is a more serious view of this subject, which immediately concerns ourselves. Do we always perform this operation, holding in view the magnitude of its importance, the necessity of

doing it well, and the propriety of witnessing the progress of the vaccine vesicle during its different stages. I am afraid not ; but that it may be too hurriedly performed, or looked after but once, in its commencing stages, when a careless eye might fail to discriminate between a true and spurious vesicle. We ought, therefore, I contend, to see it at different times during its continuance, to ascertain whether there are constitutional symptoms or not, and to see if the operation has made not a sore alone, but a sore of a specific character, which has its rise, progress and decline, duly marked and noted, which are special and peculiar attributes of this disease, as much so as are the special and peculiar symptoms of scarlatina, measles, or typhus peculiar to these diseases. For my own part, I entertain the opinion that the vaccine disease is not a whit modified or changed from what it was in the time of Jenner, and that its protection, if properly produced, is just as perfect as it was then, though I admit that it does not perform all that its advocates then claimed for it, or that may have been claimed for it in later years. There is no more reason to suppose that vaccine has changed, than that rubeola itself has changed, or scarlatina, or variola ; the distinctive characters which mark these diseases are the same now as ever, and will be transmitted the same through generations to come : some of the concomitant peculiarities, or the attendant type may be modified ; one epidemic may be more malignant than another, or some symptom may exist at one time which is hardly apparent at another, but the disease itself is unchanged. Variola continues to be variola, and scarlatina continues to be scarlatina ; the essential points are the same.

I may state in connection with this, that the propriety of using the scab or crust for vaccination, instead of the lymph taken about the sixth or seventh day, may well be doubted : not but that a good crust, consisting of hardened lymph, will not equally communicate the disease, but the difficulties and uncertainty of obtaining a crust consisting of lymph alone, becomes an objection ; frequently the vesicle is broken, and the lymph nearly discharged, or in consequence of inflammation the crust consists in part of dried purulent or semi-purulent matter which may produce a sore, but not always a vaccine vesicle, and which, if carefully examined on the fifth day, may be thought to be a genuine one.

And here I may be allowed to suggest the propriety of testing all cases of primary vaccination ; this would afford a sure and perfect guarantee of the protection given by the first. It is attended, I admit, with some trouble, but if the fee is not already remunerative, it

should be made so. I know now that it is already the poorest business which is done, and hence the complaint which physicians make in regard to it, and the neglect which it meets often at their hands. But the public should be informed of the importance of it, and of the necessity of witnessing it during its different stages, and would doubtless here as in other cases, be willing to pay a fee which should be sufficiently satisfactory. Why, our very conduct shows it to be a trifling thing : it is done in a moment, and we are off, perhaps never see the patient again, perhaps see him at an uncertain or indefinite period.

The necessity of viewing the patient after *revaccination* is, I contend, also apparent ; if this operation has any importance or efficacy attached to it, it is worth doing well, and looking after when it is done, and this brings me to the subject of *revaccination*, or testing the first operation ; but as this opens a broad field, and this paper is getting far beyond the length which I intended, I will make now but a few remarks. That it is a necessary operation, protecting the system already wholly or partially exposed, is, I believe, generally admitted, though still denied by some of the profession. I confess I have rarely seen a perfect vesicle in a secondary vaccination, when there was already a well defined, punctated scar from the first. I have occasionally seen near approaches to it, varying however, in the constitutional symptoms, in the appearance of the areola, and of the sore, in the time of its continuance and of the attendant inflammation : some of the profession, I know, are reported to have seen it frequently, but I have not been so fortunate ; the nearest approach to it which I have seen this season was in a lady of at least sixty years of age, who had been inoculated with variolous matter in Scotland when a child.

Of course the crust that is formed during these revaccinations, should never be used for the purpose of producing the vaccine disease ; it might occasionally answer for the purpose, and of course it would do so when it had formed a genuine vesicle, but these instances are so rare that it is safe to lay it down as a rule that it should never be used.

I am satisfied that variola is upon the increase, and for years to come will continue to increase, until public necessity shall compel a resort to careful, general, and repeated vaccination ; the time may not yet have arrived, when by public authority every child shall be vaccinated before it is three months of age, but when this foul disease shall have become more common, every one perceiving the increase of it, then may we expect such a consummation, and that the law will not

be a dead letter. I have heard in a number of instances where the crust formed after a revaccination in an adult, has been used for the purpose of producing the vaccine disease in infants, by unprofessional persons. Although a sore may have been made, it is by no means sure that it will afford protection against variola, where the patient is exposed to it, and this I suspect is the explanation of some of the cases which have occurred in this town during the present epidemic.

There is an interesting portion of this subject, itself alone sufficient for a lengthy dissertation, viz. : *upon the communicability of disease by vaccination* ; this demands careful and thorough investigation, both to satisfy ourselves, and quiet the public feeling, which is strongly inclined to believe in its truth. Without denying the possibility of it, I am still somewhat skeptical as to its frequent occurrence, though cutaneous disease may occur after its performance, and be the indirect result of it, as vaccination often develops any tendency to disease of the skin, which may be present in the system. I do not now recall but one instance in which I have witnessed any cutaneous eruption to have followed vaccination this season ; this was eczematous in its character, and appeared about the tenth or twelfth day of the operation, in an eruption behind the ears and upon the lower part of the scalp ; the child was teething at the time, which was enough in my opinion to account for it ; and that it was owing to this, and not the matter, was shown by its being used in quite a number of instances, before and afterwards, without any such result being produced. If physicians would make a careful record of all such cases that come under their notice, a mass of information would be obtained, which would enable us to dispel many of the illusions of the public.

Of course the popular notion that vaccination should be done at every certain and defined period of one's life, is altogether wrong ; there can, with reason, be no such course marked out ; but if the operation was done during infancy, it is certainly proper that it should be tested after the subject has grown up. If any thing further than this is done, it must be as much to satisfy the wishes and quiet the fears of the timid, as to comply with any rule indicated by reason or experience.

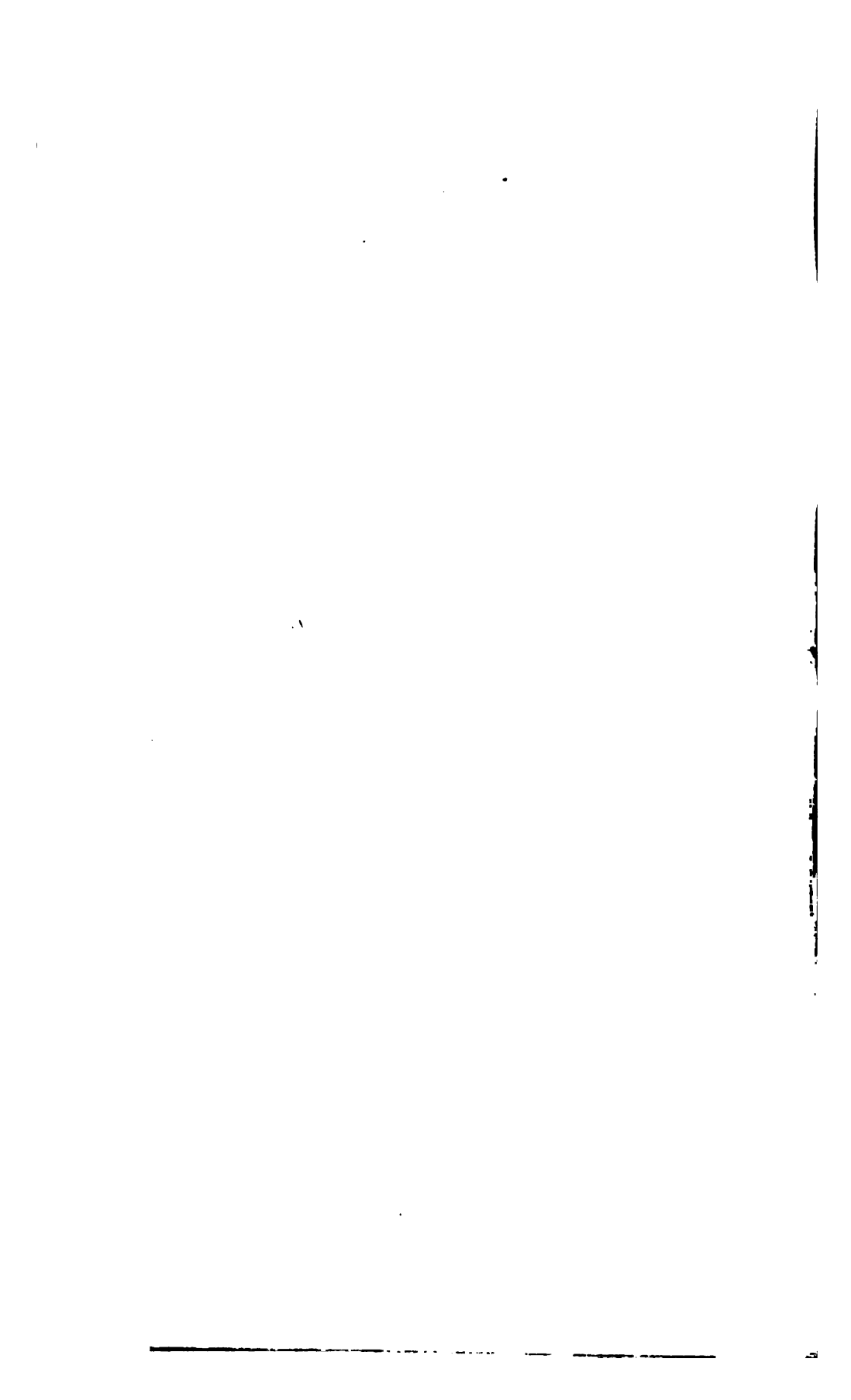
In regard to the sanitary measures of the town, I may say that they are improving ; sewers are being constantly built, and although expensive, are of vast importance. The free and liberal use of the Connecticut river water is increasing, and our citizens are beginning to appreciate the great importance of its introduction. Its use for domestic purposes is extending, as it will for bathing, unless men are

deterred from it by the expensive apparatus, or the notion sometimes inculcated that it is an operation necessary to be performed for the whole body every day. There is an immense amount of humbug connected by enthusiasts, with this matter of bathing, that will be exploded by and by, when men come to see that they may use water rationally, without converting themselves into amphibious animals.

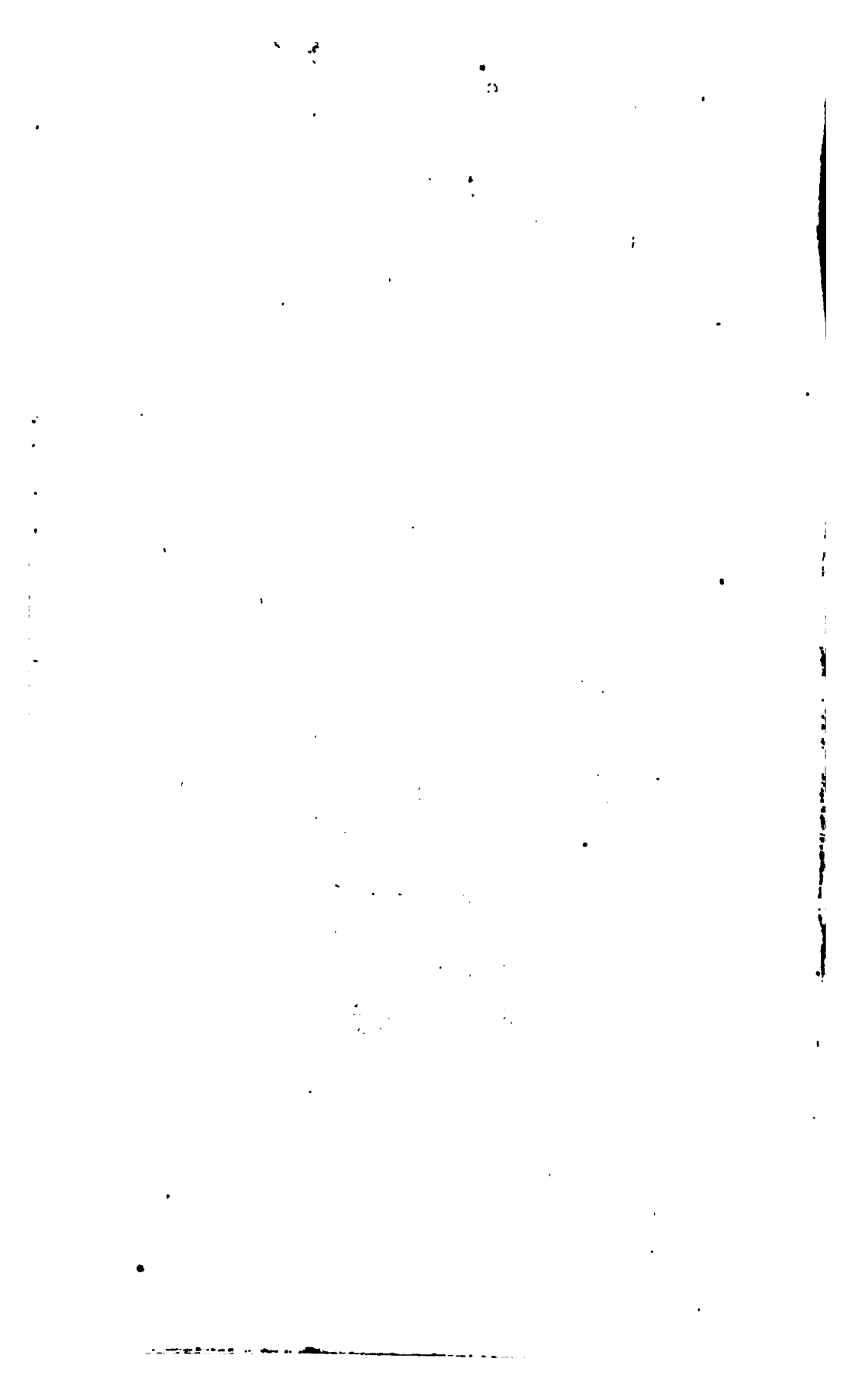
HARTFORD, APRIL, 1857.

Dr. Warner, of Wethersfield, reports "a year of remarkable health." Hooping cough prevailed, but to no great extent.

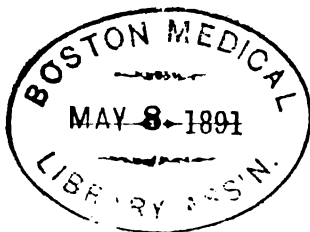
Dr. Griswold, of Rocky Hill, reports that "the amount of sickness was much less than usual, and the number of deaths smaller than before in many years. There were no epidemics of any kind, until the latter part of the year, when measles began to prevail extensively, and have continued into the present year. We had a few cases of scarlet fever, but the disease was of a mild character and was easily managed."







PROCEEDINGS
OF THE
SIXTY-SIXTH ANNUAL CONVENTION
OF THE
Conn. Medical Society,
MAY, 1858,
WITH A LIST OF MEMBERS.



HARTFORD:
PRESS OF CASE, LOOKWOOD AND COMPANY.
1858.



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Officers of the Society

FOR 1858-9.

ASHBEL WOODWARD, M. D., PRESIDENT.
J. G. BECKWITH, M. D., VICE-PRESIDENT.
G. O. SUMNER, M. D., TREASURER.
P. M. HASTINGS, M. D., SECRETARY.

Standing Committees.

Committee of Examination.

ASHBEL WOODWARD, M. D., *ex officio*.
P. G. ROCKWELL, M. D.
BENJAMIN D. DEAN, M. D.
B. N. COMINGS, M. D.
WILLIAM B. CASEY, M. D.
TIMOTHY DIMMOCK, M. D.

Committee to nominate Physician to the Retreat for the Insane.

C. B. BROMLEY, M. D.
N. B. IVES, M. D.
GEORGE BLACKMAN, M. D.
B. B. NORTH, M. D.
WILLIAM WOODBRIDGE, M. D.

*Committee to nominate Professors in the Medical Institution of Yale
College.*

ROBERT HUBBARD, M. D.
L. N. BEARDSLEY, M. D.
RUFUS BLAKEMAN, M. D.
WILLIAM WOODRUFF, M. D.
JOHN B. LEWIS, M. D.

Committee on Registration.

J. G. BECKWITH, M. D.
S. G. HUBBARD, M. D.
GURDON W. RUSSELL, M. D.

Committee of Publication.

P. A. JEWETT, M. D.
GEORGE W. BURKE, M. D.
P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.
P. G. ROCKWELL, M. D.

PROCEEDINGS

THE Annual Convention of the President and Fellows of the Connecticut Medical Society was held in the city of Waterbury, May 26th and 27th, 1858.

The Convention was called to order by the President at 11 o'clock A. M.

Drs. Wm. Woodruff, D. C. Lathrop, and L. J. Sanford were appointed a Committee on Credentials.

Dr. Woodruff, Chairman, reported the following list of Fellows, elected by the several County Societies, viz.:

FELLOWS.

HARTFORD COUNTY.

Thomas Miner, M. D.	P. M. Hastings, M. D.
William S. Pierson, M. D.	C. M. Brownell, M. D.
George A. Moody, M. D.	

NEW LONDON COUNTY.

Lewis S. Paddock, M. D.	* Benjamin D. Dean, M. D.
Isaac G. Porter, M. D.	George E. Palmer, M. D.
John C. Bolles, M. D.	

FAIRFIELD COUNTY.

N. D. Haight, M. D.	* L. W. Burritt, M. D.
* D. S. Burr, M. D.	S. S. Noyes, M. D.
Robert Hubbard, M. D.	

MIDDLESEX COUNTY.

Wm. B. Casey, M. D.	F. W. Shepard, M. D.
Miner C. Hazen, M. D.	

NEW HAVEN COUNTY.

M. C. Leavenworth, M. D.	Alvan Talcott, M. D.
J. Knight, M. D.	W. C. Williams, M. D.
L. J. Sanford, M. D.	

* Absent.

WINDHAM COUNTY.

* Dyer Hughes, M. D.	* Asa Witter, M. D.
Dewitt C. Lathrop, M. D.	* William A. Lewis, M. D.
Wm. Woodbridge, M. D.	

LITCHFIELD COUNTY.

Burritt B. North, M. D.	William Woodruff, M. D.
R. M. Fowler, M. D.	A. M. Huxley, M. D.
D. B. W. Camp, M. D.	

TOLLAND COUNTY.

John B. Lewis, M. D.	Gilbert H. Preston, M. D.
Wm. N. Clark, M. D.	

On motion, adjourned to 1½ o'clock P. M.

The Convention was called to order at 1½ o'clock P. M.

Benjamin H. Catlin, M. D., the President, then delivered his second Annual Address, "On the Claims of the Regular Medical Profession upon the Confidence of the Community."

On motion, an unanimous vote of thanks was presented to Dr. Catlin for his able and interesting Address, and a copy requested for publication.

The Convention then proceeded to the election of officers for the ensuing year. The following gentlemen were elected, viz.:

ASHBEL WOODWARD, M. D., PRESIDENT.
 J. G. BECKWITH, M. D., VICE-PRESIDENT.
 G. O. SUMNER, M. D., TREASURER.
 P. M. HASTINGS, M. D., SECRETARY.

The President appointed the following Committee on the Unfinished Business of the last year; viz., Drs. C. M. Brownell, Wm. B. Casey, and Wm. Woodruff.

Dr. Ellsworth presented a copy of the Transactions of the New York State Medical Society for 1858, from Sylvester D. Willard, M. D., Secretary.

On motion, a vote of thanks was passed, and the Secretary was directed to notify Dr. Willard of the acceptance of his valuable present.

The Treasurer, Dr. Sumner, presented his annual report, which was accepted and referred to the following Committee, to be audited; viz., Drs. Pierson, Palmer, Noyes, Leavenworth, Woodbridge, Huxley, and Preston.

General Summary of the Treasurer's Report.

Cash in Treasury, - - - - -	\$190.77
Due from County Clerks, - - - - -	\$994.98
Deduct one-half for bad debts, abatements, and commissions, &c., - - - - -	497.49
	<hr/> 497.49
Total Cash and due from Clerks, - - - - -	\$688.26
The Society owes for outstanding debentures, - - - - -	863.25
	<hr/>
Leaving balance in favor of Society, - - - - -	\$325.01

The Auditing Committee reported through their Chairman, Dr. Pierson, that they had examined the accounts of the Treasurer and found them to be correct.

Report was accepted.

Drs. Moody, Bolles, and Haight were appointed a Committee on Debentures.

Drs. Knight, Porter, Hubbard, Lathrop, Fowler, Casey, Clark, were appointed a Committee to nominate Delegates to the American Medical Association for the year 1859.

Drs. Paddock, Hubbard, Miner, Sandford, Woodbridge, Camp, and J. B. Lewis, Committee on Gratuitous Students.

Drs. Talcott, Pierson, J. G. Porter, Haight, Shepard, Lathrop, North, and Clark, Committee on Honorary Degrees and Honorary Membership.

Drs. Woodruff, Palmer, and Sandford, Committee to nominate Dissertators.

Dr. C. M. Brownell, Chairman of Committee on Unfinished Business, reported, that they found one resolution in the proceedings of the past year, which seemed to require attention, referring to the relations which were said to exist between certain members of the Society and irregular practitioners of medicine.

On motion, the Convention resolved itself into a Committee of the Whole, and took up the matter informally, Dr. Knight in the Chair. After full and free discussion, Dr. Rockwell offered the following resolution, which was passed by the Committee ; viz.:

Resolved, That it is in violation of the letter and spirit of our By-Laws and code of Ethics, both National and State, to hold any professional consultation, either surgical or medical, with any practitioner of any irregular sect in medicine.

The Committee then rose and reported the above resolution to the Convention.

The report of the Committee was unanimously adopted.

The Committee appointed to procure materials for Biographical Sketches of deceased members of the Society, not being ready to report, was continued for another year.

Adjourned.

Evening Session, 7½ o'clock.

Convention called to order.

On ballot, the following gentlemen were elected to fill vacancies in the Standing Committees.

Committee on Examinations, Drs. B. N. Comings, William B. Casey, and Timothy Dimmock.

Committee to nominate Physician to the Retreat for the Insane, Drs. B. B. North and William Woodbridge.

Committee to nominate Professors in Medical Institution of Yale College, Drs. William Woodruff, John B. Lewis, and Rufus Blake-man.

Committee on Registration, Dr. G. W. Russell.

Committee of Publication, Drs. Hastings, Robert Hubbard, and P. G. Rockwell.

Dr. Knight, Chairman, reported the following names of Delegates to the American Medical Association; viz.:

Drs. H. A. Grant, J. B. Lewis, A. B. Haile, and F. S. Dickinson.

Report accepted, and the above named gentlemen were appointed to represent this Society at the next meeting of the National Medical Association.

Dr. Paddock, Chairman, reported the names of Lewis H. Allen, from New Haven County, and J. W. Barker, from Middlesex County, elected by the County Societies; also Nelson G. Hall and Henry A. Hoyt, of New Haven County, and Charles H. Hubbard, of Middlesex County,—as proper persons to recommend for gratuitous course of Lectures.

Report adopted.

Dr. Talcott, Chairman, reported that they would recommend for Honorary Membership, James McNaughton, M. D., of Albany, and Ushur Parsons, M. D., of Providence. For Honorary Degree, Nathaniel D. Haight, of Stamford.

Report adopted.

Dr. Jewett, from Committee of Publication, reported the following papers, as worthy of publication with the proceedings of this Convention; viz., "On Puerperal Convulsions," by C. A. Lindsley,

M. D., of New Haven; "On Human Embryology," by C. L. Ives, M. D., of New Haven, both read before the New Haven County Medical Society; "On Surgical Diseases of the Rectum," by L. S. Paddock, M. D., of Norwich, read before the New London County Medical Society; a Sanitary Report, by A. W. Barrows, M. D., of Hartford; a Biographical Sketch of Wm. C. Williams, M. D., by Wm. Scott, M. D., of Manchester, both read before the Hartford County Medical Society; a Biographical Sketch of John S. Peters, M. D., by J. B. Lewis, M. D., of Vernon, read before the Tolland County Medical Society.

Report was unanimously adopted, and the papers recommended were directed to be published with the Proceedings of the present year.

Dr. Casey offered the following resolution, which was unanimously adopted; viz.:

Resolved, That the next Annual Convention of the State Medical Society be held in the city of Middletown.

Dr. Woodward from Committee on Examinations read a report.

Accepted.

Dr. Platt, on behalf of the "Waterbury Medical Association," invited the Convention to attend an entertainment provided at the Scovill House.

Adjourned.

Thursday, 8 o'clock A. M.

Convention assembled.

The Secretary read a report from E. K. Hunt, M. D., of Hartford, Chairman of Committee appointed "To devise some plan for the better accommodation of Insane Convicts."

Also, a report from E. K. Hunt, M. D., Chairman of "Committee to confer with the State Librarian on the subject of Registration."

Both accepted, and directed to be published with the proceedings of this Convention.

Dr. Woodruff, Chairman, recommended Rufus Baker, M. D., of Deep River, as Dissertator of the next Convention, and A. B. Haile, M. D., of Norwich, as Alternate.

Adopted.

Dr. Beckwith moved that the annual tax of one dollar and fifty cents be levied upon the members of this Society, payable on the first day of June next.

Adopted.

On motion by Dr. Catlin,

The subject of the "Registration of Diseases" was referred to the Committee of Publication, and the Secretary was directed to procure the blank forms published by the New York State Medical Society.

Dr. Woodruff moved the following resolution; viz.:

Resolved, That the thanks of this Medical Convention be tendered to the members of the Waterbury Medical Association and citizens of Waterbury, for the warm-hearted and cordial reception we have received at their hands, and that the associations here formed will be held in long and grateful remembrance.

Adopted.

Dr. Sandford proposed the following; viz.:

Resolved, That the thanks of the Connecticut Medical Society are hereby tendered to the Executive Committee of the Young Men's Institute, of Waterbury, for the gratuitous use of their room for our present session.

Adopted.

A vote of thanks to the late President, Dr. Catlin, for the able and efficient discharge of the duties of the office for two years past, was unanimously tendered.

A vote of thanks was tendered to the late Secretary, Dr. Beckwith, for the ability manifested in the faithful discharge of the duties of his office.

On motion by Dr. Beckwith,

It was ordered by the Convention that 500 copies of the Proceedings should be published, and distributed to the several counties.

Dr. Moody, Chairman, reported a list of Debentures, which was accepted, and directed to be paid by the Treasurer.

The following gentlemen were appointed to represent this Society in the next Annual Convention of the Massachusetts Medical Society; viz.:

D. W. C. Lathrop, M. D., of Windham County.

Thomas Miner, M. D., of Hartford County.

P. A. Jewett, M. D., of New Haven County.

G. H. Preston, M. D., of Tolland County.

Ashbel Woodward, M. D., of New London County.

George Seymour, M. D., of Litchfield County.

S. S. Noyes, M. D., of Fairfield County.

Miner C. Hazen, M. D., of Middlesex County.

Dr. Beckwith offered the following resolution, which was adopted ;
viz. :

Resolved, That the Committee of Publication be entered in our Proceedings, as one of the Standing Committees of the State Medical Society, and be increased by the addition of two members, who shall be appointed by the President.

A circular from a Committee appointed by the Indiana State Medical Society, to effect interchanges of the published transactions of local Societies within the United States, was read by the Secretary.

On motion, the Secretary was directed to acknowledge its receipt, and to send a copy of our proceedings to all the State Medical Societies.

An invitation was extended to the members of the Convention, to visit the various objects of interest in the city of Waterbury, and carriages were provided for the purpose of conveyance by the Waterbury Medical Association.

Invitation accepted.

Convention adjourned.

P. M. HASTINGS, M. D., *Secretary*.

Members of the Society.

HONORARY MEMBERS.

JAMES JACKSON,	-	-	-	-	Boston, Mass.
*JOHN C. WARREN,	-	-	-	-	Boston, Mass.
BENJAMIN SILLIMAN,	-	-	-	-	New Haven.
*THEODORE ROMEYN BECK,	-	-	-	-	Albany, N. Y.
EDWARD DELAFIELD,	-	-	-	-	New York.
JOHN DELAMATER,	-	-	-	-	Cleveland, Ohio.
JACOB BIGELOW,	-	-	-	-	Boston, Mass.
WALTER CHANNING,	-	-	-	-	Boston, Mass.
HENRY MITCHELL,	-	-	-	-	Norwich, N. Y.
NATHAN RYNO SMITH,	-	-	-	-	Baltimore, Md.
VALENTINE MOTT,	-	-	-	-	New York.
REUBEN D. MUSSEY,	-	-	-	-	Cincinnati, Ohio.
WILLIAM TULLY,	-	-	-	-	Springfield, Mass.
RICHMOND BROWNELL,	-	-	-	-	Providence, R. I.
WILLIAM BEAUMONT,	-	-	-	-	St. Louis, Mo.
SAMUEL HENRY DICKSON,	-	-	-	-	Charleston, S. C.
STEPHEN W. WILLIAMS,	-	-	-	-	Deerfield, Mass.
WILLARD PARKER,	-	-	-	-	New York.
BENAJAH TICKNOR,	-	-	-	-	U. S. Navy.
ALDEN MARCH,	-	-	-	-	Albany, N. Y.
CHARLES A. LEE,	-	-	-	-	New York.
DAVID S. C. H. SMITH,	-	-	-	-	Providence, R. I.
HENRY D. BULKLEY,	-	-	-	-	New York.
J. MARION SYMS,	-	-	-	-	New York.
JOHN WATSON,	-	-	-	-	New York.
FRANK H. HAMILTON,	-	-	-	-	Buffalo, N. Y.
ROBERT WATTS,	-	-	-	-	New York.
J. V. C. SMITH,	-	-	-	-	Boston, Mass.
O. WENDELL HOLMES,	-	-	-	-	Boston, Mass.
JOSEPH SARGENT,	-	-	-	-	Worcester, Mass.
MASON F. COGSWELL,	-	-	-	-	Albany, N. Y.
FOSTER, HOOPER,	-	-	-	-	Fall River, Mass.
THOMAS C. BRINSMADE,	-	-	-	-	Troy, N. Y.
GEORGE CHANDLER,	-	-	-	-	Worcester, Mass.
GILMAN KIMBALL,	-	-	-	-	Lowell, Mass.
JAMES McNAUGHTON,	-	-	-	-	Albany, N. Y.
USHUR PARSONS,	-	-	-	-	Providence, R. I.

* Deceased.



Members of the Society.

HONORARY MEMBERS

JAMES JACKSON, - - - -	Boston, Mass.
*JOHN C. WARREN, - - - -	Boston, Mass.
BENJAMIN SILLIMAN, - - - -	New Haven
*THEODORE BOMEYNS BECK, - - - -	Albany, N. Y.
EDWARD DELAFIELD, - - - -	New York
JOHN DELAMATER, - - - -	Cleveland, Ohio.
JACOB BIGELOW, - - - -	Boston, Mass.
WALTER CHANNING, - - - -	Boston, Mass.
HENRY MITCHELL, - - - -	Norwich, N. Y.
NATHAN BYNO SMITH, - - - -	Baltimore, Md.
VALENTINE MOTT, - - - -	New York.
REUBEN D. MUSSEY, - - - -	Cincinnati, Ohio.
WILLIAM TULLY, - - - -	Springfield, Mass.
RICHMOND BROWNELL, - - - -	Providence, R. I.
WILLIAM BEAUMONT, - - - -	St. Louis, Mo.
SAMUEL HENRY DICKSON, - - - -	Charleston, S. C.
STEPHEN W. WILLIAMS, - - - -	Deerfield, Mass.
WILLARD PARKER, - - - -	New York.
BENAJAH TICKNOR, - - - -	U. S. Navy.
ALDEN MARCH, - - - -	Albany, N. Y.
CHARLES A. LEE, - - - -	New York.
DAVID S. C. H. SMITH, - - - -	Providence, R. I.
HENRY D. BULKLEY, - - - -	New York.
J. MARION SYMS, - - - -	New York.
JOHN WATSON, - - - -	New York.
FRANK H. HAMILTON, - - - -	Buffalo, N. Y.
ROBERT WATTS, - - - -	New York.
J. V. C. SMITH, - - - -	Boston, Mass.
O. WENDELL HOLMES, - - - -	Boston, Mass.
JOSEPH SARGENT, - - - -	Worcester, Mass.
MASON F. COGSWELL, - - - -	Albany, N. Y.
FOSTER, HOOPER, - - - -	Fall River, Mass.
THOMAS C. BRINSMADE, - - - -	Troy, N. Y.
GEORGE CHANDLER, - - - -	Worcester, Mass.
GILMAN KIMBALL, - - - -	Lowell, Mass.
JAMES McNAUGHTON, - - - -	Albany, N. Y.
USHUR PARSONS, - - - -	Providence, R. I.

* Deceased.

NEW HAVEN COUNTY.

E. H. BISHOP, M. D., Chairman.

JOHN NICOLL, M. D., Clerk.

NEW HAVEN, *Eli Ives, T. P. Beers, Jonathan Knight, Samuel Punderson, A. S. Monson, Charles Hooker, N. B. Ives, E. H. Bishop, Levi Ives, P. A. Jewett, D. L. Daggett, Geo. O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Matthews, C. A. Lindsley, Worthington Hooker, T. P. Beers, Jr., T. H. Totten, John Nicoll, C. H. Austin, Moses C. White, L. J. Sandford, C. L. Ives, A. H. Churchill, Edward Bulkley, J. C. O'Neil.*
 Fair Haven, *Lyman Parker, C. S. Thompson, W. M. White, Ezra Smith.*
 Westville, *Samuel Lloyd.*
 ORANGE, *Henry W. Painter.*
 BETHANY, *Asa C. Woodward.*
 BRANFORD, *W. L. Lay, H. V. C. Holcomb.*
 North Branford, *Sheldon Beardsley.*
 CHESHIRE, *A. J. Driggs, W. C. Williams.*
 DERBY, *Charles H. Pinney.*

Birmingham, *Ambrose Beardsley, Thos. Dutton.*
 Humphreysville, *Thomas Stoddard, S. C. Johnson, Joshua Kendall.*
 GUILFORD, *Joel Canfield, Alvan Talcott.*
 HAMDEN, *Edwin D. Swift.*
 MADISON, *D. M. Webb.*
 MERIDEN, *N. Nickerson.*
 West Meriden, *B. H. CATLIN, E. W. Hatch, Roswell Hawley.*
 MILFORD, *Hull Allen, L. N. Beardsley.*
 NAUGATUCK, *J. D. Mears, Henry Pierpont.*
 North Haven, *R. T. Stillman.*
 OXFORD, *Lewis Barnes.*
 SOUTHBURY, *A. B. Burritt.*
 South Britain, *N. C. Baldwin.*
 WALLINGFORD, *Nehemiah Banks.*
 Yalesville, *C. B. McCarty.*
 WATERBURY, *M. C. Leavenworth, G. L. Platt, John Deacon, G. E. Perkins, P. G. Rockwell, Thomas Dougherty.*
 WOODBRIDGE, *Isaac Goodsell, Andrew Castle.*

NEW LONDON COUNTY.

JOSEPH COMSTOCK, M. D., Chairman.

BENJAMIN D. DEAN, M. D., Clerk.

NEW LONDON, *Dyer T. Brainard, N. S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwarring.*
 NORWICH, *Richard P. Tracy, Erastus Osgood, Elijah Dyer, Elisha Phinney, Benj. D. Dean, A. B. Haile, John P. Fuller, Edwin Bentley, Daniel F. Gulliver, Lewis S. Paddock.*
 BOZRAH, *Samuel Johnson.*
 COLCHESTER, *Ezekiel Parsons, Frederick Morgan, Melancthon Storrs.*
 EAST LYME, *John L. Smith, Austin T. Perkins.*

FRANKLIN, *ASHBEL WOODWARD.*
 GROTON, *Joseph Durfey.*
 Noank, *A. T. Douglass.*
 LEBANON, *Joseph Comstock, Ralph P. Greene.*
 LYME, *Richard Noyes.*
 MONTVILLE, *John C. Bolles.*
 Uncasville, *S. E. Maynard.*
 PRESTON, *E. B. Downing.*
 STONINGTON, *William Hyde, George E. Palmer, William Hyde, Jr.*
 Mystic, *Mason Manning.*
 Mystic Bridge, *E. F. Coats, A. W. Coats.*
 OLD LYME, *Robert McCurdy Lord.*

FAIRFIELD COUNTY.

GEORGE BLACKMAN, M. D., Chairman.

M. B. PARDEE, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.
Greenfield, RUFUS BLAKEMAN.
Southport, Justus Sherwood.
 BRIDGEPORT, D. H. Nash, F. J. Jud-
 son, H. L. W. Burritt, *Wm. B. Nash*,
 Robert Hubbard, H. N. Bennett.
 BROOKFIELD, A. L. Williams.
 DANBURY, E. P. Bennett.
 EASTON, James Baldwin.
 HUNTINGTON, *James H. Shelton*.
 NEW CANAAN, *Samuel L. Noyes*, Lewis
 Richards.

NORWALK, *John A. McLane*, Ira Greg-
 ory, Samuel Lynes.
South Norwalk, M. B. Pardee.
 STAMFORD, N. D. Haight, Lewis Hurl-
 bert.
 DARIEN, Samuel Sands.
 STRATFORD, *Wm. T. Shelton*.
 TRUMBULL, *ELIJAH MIDDLE-*
BROOK, George Dyer.
 WESTPORT, George Blackman, David
 S. Burr.
 GREENWICH, J. H. Hoyt.

WINDHAM COUNTY.

WM. H. COGSWELL, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Wm.
 Woodbridge.
 ASHFORD, John H. Simmons.
West Killingly, Stephen C. Griggs,
 Charles C. Cundall, Sam'l Hutchins,
 David E. Hall.
South Killingly, Daniel A. Hovey.
East Killingly, Edwin A. Hill.
Daysville, Justin Hammond.
 PLAINFIELD, WM. H. COGSWELL.
Centreville, Charles H. Rogers.
Moosup, Lewis E. Dixon, Frank Bur-
 gess.
 STERLING, Wm. A. Lewis.
 VOLUNTOWN, *Harvey Campbell*.

CANTERBURY, *Elijah Baldwin*, Joseph
 Palmer.
Scotland, Calvin B. Bromley.
 WINDHAM, *Chester Hunt*, D. W. C.
 Lathrop.
 CHAPLIN, Orrin Witter.
 HAMPTON, *Dyer Hughes*.
 POMFRET, *Hiram Holt*, Lewis Williams.
North Woodstock, Asa Witter.
South Woodstock, Lorenzo Marcy.
West Woodstock, Milton Bradford.
 THOMPSON, Samuel Holbrook, John
 McGregor.
Putnam, H. W. Hough, E. R. Payne.

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

D. E. BOSTWICK, M. D., Clerk.

LITCHFIELD, J. G. Beckwith, George
 Seymour, H. W. Buell.
South Farms, Garry H. Miner.
 CANAAN, Ithamar H. Smith, A. A.
 Wright.
South Canaan, John A. Gillett.

CORNWALL, Burritt B. North.
West Cornwall, Samuel W. Gold.
Gaylord's Bridge, G. H. St. John.
 GOSHEN, A. M. Huxley.
 HARWINTON, G. B. Miller.
 KENT, Wells Beardsley.

NEW MILFORD, <i>Jehiel Williams.</i>	SHARON, Ralph Deming, William W. Knight.
BRIDGEWATER, <i>Horace Judson.</i>	<i>Wolcottville, E. Bancroft, J. W. Phelps.</i>
NORFOLK, Wm. W. Welch, John H. Welch.	WARREN, Jno. B. Derickson.
PLYMOUTH, Samuel T. Salisbury.	WASHINGTON, <i>R. M. Fowler.</i>
<i>Plymouth Hollow, Wm. Woodruff.</i>	<i>New Preston, S. H. Lyman, E. P. Lyman.</i>
ROXBURY, Myron Downs.	<i>West Winsted, Jas. Welch, J. W. Bidwell.</i>
SALISBURY, <i>Falls Village, C. B. Maltbie.</i>	WOODBURY, Charles H. Webb.
<i>Lakeville, Benj. Welch, Wm. Bissell, H. M. Knight.</i>	

MIDDLESEX COUNTY.

W. B. CASEY, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, <i>Joseph Barratt, Charles Woodward, Wm. B. Casey, Elisha B. Nye, George W. Burke, Miner C. Hazen.</i>	EAST HADDAM, <i>Asa M. Holt, Datus Williams.</i>
CROMWELL, <i>Ira Hutchinson.</i>	HADDAM, Edwin Bidwell.
<i>East Hampton, F. G. Edgerton.</i>	PORTLAND, <i>George O. Jarvis, G. C. H. Gilbert.</i>
<i>Middle Haddam, A. B. Worthington.</i>	SAYBROOK, <i>Asa H. King.</i>
CHESTER, <i>S. W. Turner.</i>	<i>Essex, A. H. Hough, F. W. Shepard.</i>
CLINTON, <i>D. H. Hubbard.</i>	<i>Deep River, Rufus Baker.</i>
DURHAM, <i>R. W. Mathewson.</i>	<i>Westbrook, Horace Burr.</i>

TOLLAND COUNTY.

TIMOTHY DIMOCK, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, <i>O. K. Isham, G. H. Preston.</i>	SOMERS, <i>Orson Wood.</i>
BOLTON, <i>Charles F. Sumner.</i>	<i>East Stafford, Wm. N. Clark.</i>
<i>North Coventry, Eleazer Hunt.</i>	<i>West Stafford, J. C. Blodgett.</i>
<i>South Coventry, Timothy Dimock, Henry S. Dean.</i>	<i>Stafford Springs, C. B. Newton.</i>
ELLINGTON, <i>Horatio Dow.</i>	<i>Staffordville, S. F. Pomeroy.</i>
HEBRON, <i>Orrin C. White.</i>	UNION, <i>E. Linsley.</i>
<i>North Mansfield, Norman Brigham, W. H. Richardson.</i>	VERNON, <i>John B. Lewis.</i>
<i>South Mansfield, Earl Swift.</i>	<i>Rockville, Alden Skinner.</i>
	WILLINGTON, <i>Francis L. Dickinson.</i>

**SUMMARY OF ORDINARY MEMBERS FOR 1858 ; WITH DEATHS
REPORTED FOR THE YEAR ENDING APRIL 1st, 1858.**

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	67	10	77	1
New Haven County,	66	8	74	3
New London County,	31	10	41	0
Fairfield County,	21	7	28	0
Windham County,	25	7	32	0
Litchfield County,	29	6	35	0
Middlesex County,	18	4	22	0
Tolland County,	14	6	20	0
	<hr/> 271	<hr/> 58	<hr/> 329	<hr/> 4

NOTE.—Former Fellows of the Connecticut State Society are *permanent members* of the annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

**DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1858, WITH
THE AGE AND DISEASE SO FAR AS ASCERTAINED.**

Hartford County,	Wm. C. Williams, aged —.	Suicide.
New Haven County,	Sturgis Bulkley, aged 58 years.	Erysipelas.
“	Charles Byington, aged 62 years.	Dropsy.
“	John K. Downes, aged 26 years.	Consumption.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit to the Treasurer the names of the Fellows elect, immediately after the County Meetings.

To return to the Treasurer the names of Members delinquent on taxes, with the amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c.,
from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward
in Convention.
20. Miscellaneous business.

DISSERTATIONS READ IN CONVENTIONS.

1794. Dr. S. H. P. Lee, on Autumnal Bilious Fever.
1794. Dr. Gideon Shepherd, on the Properties of Opium.
1795. Dr. F. P. Ouyiere, on the Preparations of Antimony.
1795. Dr. Thaddeus Betts, on the Different Species of Colic.
1796. Dr. F. P. Ouyiere, on the Contagion of Yellow Fever.
1796. Dr. S. H. P. Lee, on Cynanche Tonsillaris.
1796. Dr. Lewis Collins, on the Most Eligible Mode of Increasing
Medical Knowledge in this State.
1796. Dr. Gideon Shepherd, on the same subject.
1798. Dr. Samuel Hopkins, case of Bilious Concretion.
1798. Dr. Jared Potter, an Essay.
1799. Dr. Thaddeus Clark, a Dissertation.
1800. Dr. Nathaniel Dwight, on Lunacy.
1804. Dr. Samuel Willard, on the Stafford Mineral Waters.
1817. Dr. W. R. Fowler, on the Deleterious Effects of Ardent Spirits.
1818. Dr. William Buel, on Ergot.
1820. Dr. Thomas Miner, on Typhus Fever.
1821. Dr. Samuel Rockwell, on Uterine Hemorrhage.
1822. Dr. William Tully, on the Yellow Fever at Middletown.
1823. Dr. Dyer T. Brainard.
1827. Dr. Samuel B. Woodward, on the Biography of the Physicians
of the State.
1829. Dr. George Sumner, on Extra-uterine Conception.
1830. Dr. Charles Hooker, on Diseases of the Ear.
1835. Dr. Benjamin Welch, Jr., on the Vitality of the Blood.
1836. Dr. E. H. Bishop, Influence of Moral Emotions on Disease.
1837. Dr. Archibald Welch, on Scarlet Fever.
1838. Dr. Isaac G. Porter, on the Disease commonly denominated
Spinal Irritation.
1839. Dr. Henry Bronson, on the Mental Qualifications necessary to
a Physician.

1840. Dr. Richard Warner, on the Advantages of Prompt and Efficient Practice in Acute Diseases.
1841. Dr. Amariah Brigham, on Insanity as a Subject of Medical Jurisprudence.
1842. Dr. Charles Woodward, on Uterine Irritation.
1843. Dr. Pinckney W. Ellsworth, on Phlebitis.
1844. Dr. Worthington Hooker, on the Respect due to the Medical Profession, and the Reasons that it is not awarded by the Community.
1845. Dr. Nathan B. Ives, on Laryngismus Stridulus.
1846. Dr. Theodore Sill, Observations on Typhus Fever.
1847. Dr. E. K. Hunt, on the Importance of a Medical Organization, and the Advantages resulting from it.
1848. Dr. B. F. Barker, Remarks on Some Forms of Disease of the Cervix Uteri.
1849. Dr. Alvan Talcott, on Hygiene.
1850. Dr. Johnson C. Hatch, on Medical Jurisprudence.
1851. Dr. George Sumner, on the Early Physicians of Connecticut.
1853. Dr. Rufus Blakeman, Early Physicians of Fairfield County.
1853. Dr. Samuel Beach, on Popularizing Medicine.
1854. Dr. Wm. B. Casey, on Diseased Cervix Uteri.
1855. Dr. Stephen G. Hubbard, on Registration as the Basis of Sanitary Reform.
1857. Dr. Benjamin D. Dean, on the Medical Profession.

THE
ANNUAL ADDRESS

DELIVERED BEFORE THE

Connecticut Medical Society,

AND THE

CITIZENS OF WATERBURY,

AT

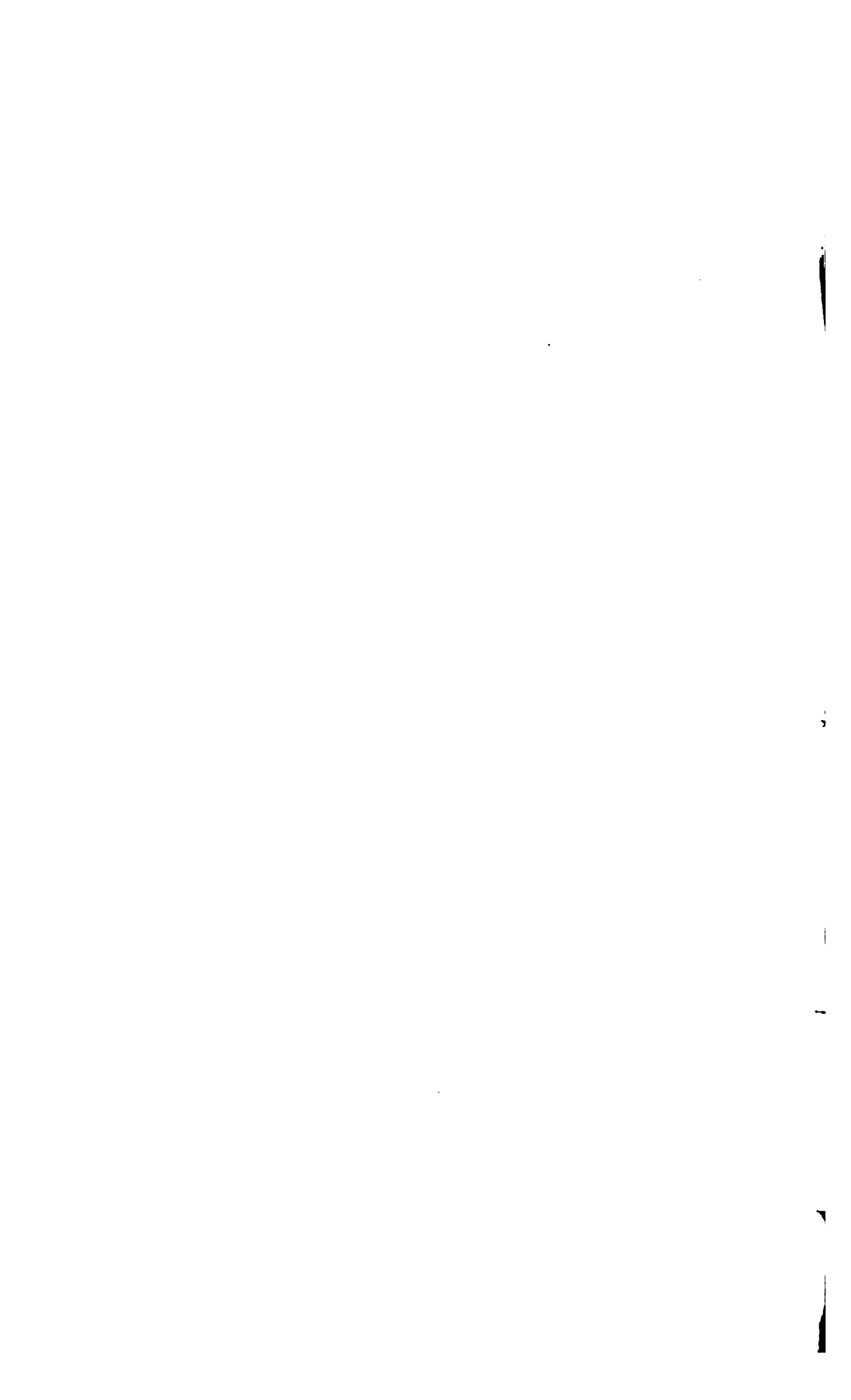
WATERBURY, MAY 26th, 1858.

BY BENJAMIN HOPKINS CATLIN, M. D.,

PRESIDENT OF THE SOCIETY.

PUBLISHED BY ORDER OF THE CONVENTION.

HARTFORD:
PRESS OF CASE, LOCKWOOD AND COMPANY.
1858.



ADDRESS.

GENTLEMEN :—Assembled in this pleasant rural city amid the greetings of our kind brethren, but more especially under the protection of the Supreme Being, we may quietly pursue our deliberations and endeavor to advance the interests of our profession, though not as on other occasions of this kind at one of the capitals of the State, in the immediate vicinity of the Legislature, from which we have derived our chartered right.

As many of us have recently come from that large convocation of medical brethren at the national capitol, it is desirable that we should bring with us some enthusiasm obtained from that centre of influence. Our business this day is to ascertain what has been done for the advancement of medical science, to consider and recommend such other measures as shall seem to us important for the improvement of our profession.

Though we shall find little has been accomplished in our society, in comparison with the great and important improvements which we trust are yet to be made, still I am happy to say the last year has been one of progress. Two new standing committees, one upon registration, the other upon publication, were appointed at the last Convention, and I am happy to inform you that they have attended to the duties assigned them. The first, by conferring with the State Librarian and making arrangements for the issue of more perfect blanks for future returns. The latter have prepared and forwarded to the clerks of the county societies an able and important circular, requesting them to communicate with those selected as dissertators, and press upon them the importance of prompt attention to their appointments. Important reports, I trust, will be presented by these committees, which may require farther action by the Convention.

We hope at least to receive some valuable dissertations, reports, and biographical notices worthy of publication with our proceedings, making a pamphlet of greater pretensions than those heretofore published.

In my communication to the Convention one year since, I stated that I had addressed circulars to the clerks of the county societies requesting them to present to their county meetings the importance of having committees of inquiry appointed, which, if attended to, may another year present facts from different parts of the State eminently useful to the President for the preparation of his annual address. Though I have been informed that these circulars were favorably received, and committees appointed in most of the counties, the information desired has not been obtained.

The chairman of one county committee sent me a brief note more than a year since, but it contained no facts not already before the Society. The clerk of one county meeting where no committee had been appointed, sent me a few facts showing the low state of the society in the county where he resides. Less than one-half of the regularly educated physicians of the county are members of the Connecticut Medical Society ; no dissertation had been read for several years. There was a considerable increase of quackery ; several even of their members secretly associate and even consult with quacks.

The failure of these committees shows either that they did not enter into my views, consider them important, or they have manifested their reluctance to assuming responsibility or engaging in any labor necessary for the improvement of our profession, to which I have alluded on another occasion.

The last Convention passed a resolution approving and indorsing the recommendation of the American Medical Association in relation to the duty of each member to keep written notes of his practice, and to report from time to time such statements as shall seem important and interesting, with a view for publication with the annual proceedings of the State Society ; and in furtherance of this measure, recommended the appointment of a committee by the county societies at their next annual meetings, to receive such reports as may be offered.

The county of New Haven had previously appointed a committee for this purpose, and at the semi-annual meeting they were authorized to prepare, and issue to each member of the society, a circular setting forth the importance of this undertaking. This committee have attended to the duties pertaining to their appointment, and recom-

mended that the registration of diseases be commenced with the first of the present year. Having an earnest desire that this registration should commence at the same time throughout the State, and hoping to aid somewhat in this important enterprise, I issued a short circular to all the members in the several counties,—except the county of New Haven, which was already supplied,—urging them to commence the record of their cases the first of January.

As we have so often found that the recommendations of this Convention to the county societies have been overlooked, forgotten or neglected, I have addressed a circular to the county societies, reminding the members of the necessity of appointing county committees in order to carry out the plan of the State and National Societies. If individual members and county societies perform the labor assigned them, further action will be required of this Convention. For the purpose of insuring uniformity in the returns, blank tables should be furnished by this Society, so that each member might every month copy into them his notes of diseases and accidents, made at the time of their occurrence. I have procured copies of the tables prepared for the members of the New York State Medical Society, which will be useful to a committee which may be appointed to prepare some for the members of this society. A committee should also be appointed, in accordance with a resolution passed in Convention last year, to receive, collate, classify, and prepare for publication reports received from the counties or individuals, or they might be referred to the standing committee on publication, as you shall deem best.

I have before me an address on the registration of diseases, read before the New York State Medical Society in February last, by my early and distinguished friend, Thomas C. Brinsmade, president of the society, who has been justly styled a pioneer in the registration of diseases, having kept a record for near thirty years; and after rejecting the first few years, as being too imperfect in his opinion to be worth tabulating, he has prepared, and published in connection with his address, a general summary of all diseases occurring in his practice, from 1837 to 1858 inclusive. He says: "I think any man who will persevere in keeping a record for one year, will afterward reluctantly relinquish the practice. The entries must, however, be made every day, or if unavoidable obstacles should prevent, as soon after as possible, for if delayed even for one week, the time required to write forty names, with the diseases and other conditions, will be more than most physicians can spare at one time, so frequent are the interruptions to which a man in full practice is liable.

"The daily practice of registration must inevitably benefit every man who pursues it. He can not write even the name of a disease without thinking enough about it to decide its diagnosis, its causes, and the treatment adopted to remove it. So far from occupying time which might be devoted to reading, it necessarily compels him to study, and confine his researches more closely to subjects connected with his daily pursuits, and he thus becomes more identified with and attached to his profession. The systematic habits which it induces, enable him to accomplish more work and in less time than he otherwise would."

By preparing and issuing circulars to members and county societies, I may have laid myself open to the charge of attempting extra-official duties. If so, I have no excuse to offer, except that I was actuated by an earnest desire to do what little I could, while I was called to preside over this ancient and honorable Society, to promote its best interests and prosperity.

A correct understanding of the appropriate duties of this Convention, the County Societies, and individual members, and a wise distribution of the labors to be performed, between these several departments, would conduce greatly to the advancement of our profession. We can not take a step in advance without the earnest, efficient action of individuals. If every member of this Society had any just appreciation of the responsibilities he assumed when he united with it, and engaged in the practice of medicine, and was willing to meet these obligations according to his best abilities, embracing every opportunity to make improvements, carefully observing everything worthy of observation, recording and communicating the results to the County meeting, soon a vast number of facts would be collected, eliciting discussion, and when collected in the State Society would with others from all parts of the State, be eminently useful in establishing important principles. Alas! too many seem to practice medicine only as a means of living, without any correct idea of their high calling, or a thought that they could do anything to advance and improve the profession of their choice. The efforts of those members of our Society who are alive to the importance of improvements should be especially directed to individuals, arousing and stimulating them to action.

Next in importance to individual action are the County Societies. They are like democracies and municipalities, where members meet *en masse*, affording the most favorable opportunities for the consideration and discussion of subjects brought forward by individuals. If

all the members in each county would make it a point to attend the county meeting, (two or three being held each year,) and make them as interesting and useful as possible, we should soon have an amount of business sent up to this Convention that would require several days to dispose of appropriately.

The state society being representative in character, and limited in its powers, is designed more to collect, concentrate and publish the results of the labors of individuals and county societies. The recommendation of subjects for their consideration and action, according to our custom in years past, would be wise were they met with that response their importance demands; but too often we have found them remain dead letters upon our proceedings.

Our profession suffers greatly from the want of well qualified and efficient nurses. It is enough for physicians to bear the responsibilities resting upon them as prescribers, without being held accountable for failures arising from bad nursing. It is often the case that nurses are employed to take care of our patients who are opposed to our system of practice, and cannot be depended upon to carry out our views. This difficulty should be remedied by the proper training and education of nurses. There are in all our communities persons, especially females, who need employment; and, if proper facilities were afforded, they would become well qualified for the duties of nursing. Every physician can do something in bringing out the proper individuals, and giving them some instruction, but a course of lectures should be given once a year to nurses by the professors in our Medical Institutions. That queen of nurses, Florence Nightingale, has set us an example, by the establishment of an institution in England for the instruction and training of nurses, which I trust we shall not be slow in following in this land of freedom.

There is a petition from this society before the Legislature in regard to the establishment of a meteorological observatory, which may demand your attention at this time.

I would again recommend to your notice the efforts now being made for the establishment of an institution for the improvement of the imbecile and idiotic.

As my official connection with this Convention and Society will cease after the delivery of this address and your appointment of my successor, I shall, with the above brief remarks and suggestions, leave the dark side of our profession, for you, the members of this Convention, to adopt the appropriate treatment, and turn your attention to a

brighter and more hopeful prospect by presenting some of the Claims of the Regular Medical Profession,* upon the Confidence of the Community.

While all forms of quackery, and every false system of practice, have, by means of the press and free lectures, been urged with great effort upon the notice of the public, the members of our profession, being satisfied that their claims to confidence were good and valid, have gone on quietly attending to their ordinary duties, trusting the time would come when a discerning public would appreciate a learned, scientific profession. It would be wise to continue this course, were the community disposed to examine this subject carefully, and judge it by those principles and with that impartiality they decide other questions of less importance to themselves and their friends.

There are some difficulties in attaining a just appreciation of our claim by the community, even were they disposed to give the subject that attention its importance demands. Years of close study and severe labor are requisite to become acquainted with the science and practice of medicine. How then shall those who scarcely give it a thought, till the moment they require the service of a physician, be expected to judge wisely, and decide correctly! While we are perfectly satisfied with the confidence and patronage so generously given us, and fully appreciate the difficulties in presenting this subject in a lucid and interesting manner, we hope to be able to advance some principles which, illustrated by experience and observation, may be useful in guiding the minds of honest inquirers after truth, so that they may be successful in obtaining the best medical assistance.

In order to understand the claims of any class of persons, or professions as to their ability to perform any specified object, it is necessary to understand as precisely as possible the nature of the work to be accomplished, whether it be simple and definite, easily comprehended, or on the contrary intricate and uncertain, requiring years of study and labor to comprehend it, even in an imperfect measure.

If it were to dig a ditch across a meadow of a definite length, depth and width, carefully staked off, a man of very small mental powers might perform it, provided he had the requisite physical development. Higher and different powers of mind would be necessary to correct the derangements of machinery, even though it were

*Every profession has a right to choose its own name. We prefer the above, though long, to Allopaths, or other names given by our opponents.

simple in its construction. The management of more intricate and complicated machinery would require a still higher order of talents, a long course of training and education.

If disease was a unit, as some claim, or was all in the blood, according to others, or still all in the stomach; if cold was disease or death, and heat life and health; if each disease could be cured by a medicine which when taken in health produced symptoms identical with those attending the disease,—then, indeed, the cure of disease would be a very simple matter, and it would be useless for me to present the peculiar claim of the regular medical faculty for your consideration.

Most happy would it be for the community if the practice of medicine were such a plain, simple matter that even a child could understand and carry out its principles. But unfortunately there is no truth in these claims to simplicity in the practice of medicine.

It is not my design at the present time to combat error or expose false systems, but rather to present the true and valid claims of regular medicine. Any allusion to other systems will be incidental or by way of illustration.

Enter any of these large, massive and elegant buildings so common in this city, designed for manufacturing purposes, and you will find a great variety of curious and complicated machinery, performing its appropriate work with great regularity and sometimes with seeming intelligence. You look about for some motive power, and find a water-wheel, or a steam engine, (which of itself would rank with the seven wonders of the world, were it not so common,) the capacity of which can be calculated with mathematical exactness.

Notwithstanding all this apparent perfection, you will readily understand that this machinery is liable to derangement: one part is worn by ordinary use, another may be broken by accident. You step up to one of the gentlemanly owners or managers of the establishment, and inquire of him whom he employs to repair damages, or correct derangements caused by wear and tear, or the carelessness of unskillful workmen. Will he tell you it is not important who is intrusted with this duty? that a man taken direct from a shoemaker's bench, or from following the plough, is fully competent for the business? Not at all. On the contrary he will inform you that he has in his establishment one or more trained and educated machinists, theoretically and practically acquainted with the general principles of the machine, its various parts, and the materials of which it is composed, whether they be wood, steel or brass. He may also be acquainted

with those branches of mathematics applicable to the mechanic arts. If he did otherwise, you would pronounce him deficient in common sense. Suppose this machine, instead of being moved by an external power, whose capacity could be calculated and determined with great certainty, had a motive power within itself, the extent and force of which could be learned only by its effects, would not the difficulty of making repairs greatly increased? Suppose farther, this machine had the power of self-extension so as to be prepared for different kinds of labor, at different periods of its existence, and a power more or less perfect for repairing damages, the machinist being required to be more or less perfectly acquainted with these powers to enable him to co-operate with them, and never to counteract their beneficent action; would not the difficulty of making repairs necessary to keep the machine in working order be greatly increased? Would not a higher order of talents, and a more thorough education, be requisite? Most certainly. If you were to imagine still further, that these machines were endowed with an intelligent principle, acting upon every part, and every part acting upon that, would it not be difficult to obtain machinists competent to manage and repair such intricate and complicated machinery?

The suppositions I have made convey a very inadequate idea of the difference between a machine made by man, however great his genius or exalted his powers, and the workmanship of an Infinite Creator, perfect in all its parts though liable to derangement. When you look at man, the workmanship of the Almighty, you see at once in the action of the joints, muscles and tendons, an exhibition of mechanical principles: but that internal machinery which drives the blood from the right ventricle through the arteries into the capillaries, and from thence returns it through the veins to the right ventricle; which again throws it through the pulmonary artery into the lungs, spreading it out upon those delicate membranes which form the air cells, placing it in a situation favorable for those changes so necessary for its purification; that machinery and chemical laboratory which receives, masticates, digests and assimilates the food; and those wonder-working powers which are so silently and constantly enlarging the body from infancy to old age, or removing and remodeling those portions of the animal structure which by use become unfit for the performance of the functions assigned them,—these are not evident to our senses. The general facts in relation to them are so familiar to medical men and to many intelligent non-professional persons, that it is difficult for us to realize that many years, yea, centuries of laborious study, dissec-

tion and experiments, upon living and dead bodies, have been necessary to discover and establish those principles. When we leave inert, unorganized matter, and come to organic, living beings, whether of vegetable origin, from the lowest order which springs up in a night and perishes under the influence of the first rays of the morning sun, to the stately trees which live for centuries, or all grades of animal life, from the smallest insect to man, the lord of all, we come upon an entire new field, requiring the knowledge of new laws.

We pass over this vast field of organized living matter, vegetable and animal, which separates the inorganic substances of which the most curious and intricate machinery is constructed, from the human system, the diseases of which it is our business to treat. The vast extent of this intervening field shows the infinite distance between them. That we are "fearfully and wonderfully made," all will admit; and I think after a little investigation, every one would be satisfied that long, deep study and extensive investigation are necessary to prepare one to treat diseases with success. It will of course be impossible for the physician ever to become as well acquainted with the organization he is required to keep in repair, as the machinist with his machine. But there is much that he can and must learn, in order to qualify himself for the performance of his duties. He can become thoroughly acquainted with anatomy, physiology, *materia medica*, pathology, and therapeutics; with chemistry, especially in regard to those chemical articles used as medicine and animal chemistry. The surgeon must understand mechanical principles in order to reduce dislocations and fractures and retain them in their place, to correct and remove deformities. The practitioner of medicine should have the requisite knowledge of meteorology to understand the influence of the weather and climate upon diseases.

The progress of medicine, of which I shall speak in another place, is constantly enlarging and extending the range of studies and science necessary to be understood by the physician. It is now necessary for him to be acquainted with acoustics, or the science of sounds, in order to ascertain the normal and diseased state of the heart, lungs, and other internal organs; with the science of optics, so as to use with accuracy the microscope, which is aiding much in the investigation and diagnosis of disease. The practice of medicine can not be pursued with eminent success without a minute and extended observation of facts, a great amount of deep, profound thinking and reasoning, requiring a thorough knowledge of mental philosophy. A profession that requires a thorough knowledge of these sciences may well be

called a *learned profession*. That all the members of the regular medical faculty are thus learned, is not claimed, but it is our constant effort to raise the standard of medical education. There are many men in our profession who though not very learned in medicine or the collateral sciences, yet are men of sound judgment and discrimination, capable of understanding and applying in practice the principles discovered by their more learned brethren. Few, comparatively, can become familiarly acquainted with the microscope, but their skill can be employed for the benefit of others.

No practitioners outside of our fraternity, with a very few exceptions, make any claims to scientific attainments. They base their claims upon the simplicity of the practice of medicine, the one idea principle that disease is a unit. The advantages of education and science are nullified when their possessors embrace a false system, unless in some rare instances it enables them to resort to true science when they find their false theories failing. Much may be learned of the claims of any profession by the character of its members. The successful practice of medicine requires the faculty of careful, close observation, a retentive memory, great discrimination, and sound judgment. That these faculties are possessed by the members of the regular profession, in an eminent degree, as they are exhibited in their character as men and citizens in the communities where they reside, will, I believe, be readily admitted by every unprejudiced mind. Some, however, do not seem to understand that the man who possesses these desirable qualifications of mind and character, will carry them into the investigation of disease and apply them in his practice. A gentleman of good character and intelligent in ordinary matters, but who had employed various kinds of doctors, from one extreme of absurdity to another, said to a regular and experienced physician whom he chanced once to employ, "Doctor, I respect you very much as a man and a Christian, but I do not believe in your system of practice." Now, as a minister said of a certain woman, she was a good Christian but a poor cook, so a man may be a good Christian, an honorable, upright citizen, manifest sound common sense in the ordinary transactions of life, and still be a poor physician, but we can hardly conceive of such a thing as being possible. We always admire to see the exhibition of true benevolence in others, however we may fail in the exercise of it ourselves. The medical profession fully realize the import of the words of our Saviour, "For ye have the poor always with you." Every physician doing a large business, extending through a period of thirty years, will find on his book thousands of

dollars unpaid. A larger amount is thus given by the members of our profession, according to their income, than by any other class of persons. But it is often said this is nothing: physicians charge the rich enough to make up these losses. This is not true, for those able to pay are not charged more than the services rendered are worth. The gratuitous services of our profession to the poor have been continued so long that they are considered as a matter of course; their performance calls forth no commendation; the neglect now to continue them would rather call forth unqualified condemnation.

Fifty years since, travelers passing through the town of Farmington on the road to Hartford, would observe a little cage set in a bank near the turnpike, occupied by a raving maniac, staring and shouting to the passing travelers; subsequently he was removed to a barn near by, where he sat crouched on his limbs till they inflamed and adhered together, so that he could not be straightened. Here he sat year after year, covered over with an old blanket, and had his food given him as it was to the chickens of the barn-yard. This is not mentioned as a reproach to the good people of Farmington, there being few towns whose inhabitants have a more enviable reputation for morality and true religion. Other cases perhaps as revolting existed in other towns. Those who were poor were sold like other paupers to the lowest bidder, to be confined in dungeons, cages, strait jackets, or chained to the floor. A few physicians, in connection with other benevolent individuals, made arrangements for the establishment of the Connecticut Retreat. The Connecticut Medical Society gave every dollar of its funds. Private benevolence, with aid from the State, has now made provision in part for all these unfortunate persons where they can be treated like human beings.

An eminent physician of Hartford was so unfortunate as to have a daughter deprived of hearing and speech. Deep sympathy on the part of the father and his brethren, led to the establishment of the American Asylum for the Deaf and Dumb, where, through the munificence of the several States of New England, provision is made for the gratuitous education of all their indigent deaf and dumb.

The physicians of New Haven, seeing the necessity of a hospital in that city, by their hearty efforts and material aid, with assistance from benevolent individuals and the State, established the Connecticut State Hospital, where they have ever continued to give the best medical and surgical attendance without fee or reward. The physicians of Hartford are doing the same for this city.

The manly exhibition of courage ever calls forth the spontaneous

plaudits of an admiring multitude. Even though we may be men of peace, we can but commend the soldier as he marches up fearlessly to the cannon's mouth, and as his comrade is cut down before him steps up to fill his place. Who has ever read the story of the brave Spartan band, under the immortal Leonidas, at the straits of Thermopylæ, without having his spirit stirred within him? And yet, says Dr. A. Clark, President of the New York State Medical Society, in his eloquent address, delivered at Albany in 1853, "I have known the soldier of twenty battles turn pale and flee before the least of the physician's perils."

There is much to strengthen the soldier's courage. The spirit-stirring music, the pomp and parade, the marching and the counter-marching, the noise and confusion. The thousands or hundreds of thousands around him to encourage or witness his cowardice, if he suffers it to be manifested. The physician, on the contrary, goes quietly and alone into the dark chambers of sickness and death, filled with all the elements of disease, or down into the filthy abodes of the poor, reeking with contagion. "The pestilence strikes terror to the hearts of every man: the physician never turns away from it. From the dreadful days when death grew frantic with its own work of slaughter, and Hippocrates stood up to wrestle with it night and day in terror-stricken Athens, to the hour when the affrighted people of our time fled before the most dreadful of all plagues that ever scourged the earth, the physician has never turned his back on danger."*

I shall never forget the fear and alarm which spread over this whole nation "when the first blow of this last and most relentless of death's agents" * first appeared in our country, more than a quarter of a century since.

The laws of this epidemic were not then well understood. No one knew that any part of the country would escape its ravages. As it spread from city to city, from town to town, the inhabitants fled before it in the wildest confusion. Physicians alone remained voluntarily at their posts of danger and death. Many of those living in places exempt from the disease, visited the cities where it was prevailing; sent by the board of health at the public expense, or going at their own charges, to study the character of the epidemic; visiting the public hospitals, seeing hundreds of cases of the disease, witnessing many deaths, and making examination after death; and all for what pur-

* Dr. A. Clark's Address.

† Ibid.

pose? That they might be better qualified to treat the disease in case it appeared in their own field of practice. "Of thirty assistant physicians doing duty at the Bellevue Hospital in the city of New York, during the late prevalence of ship fever in that city, twenty-one took the disease, and five died of it;" one of them the accomplished son of one of our own members; "and even of the nine who escaped it there, three had already suffered from it in other medical charities: yet their ranks were always full; and I speak [says Dr. Clark] from personal knowledge, when I say that I know not where to look for a body of young men whose duty is performed with more conscientiousness and courage and intelligence."

All will recollect a more recent case; the prevalence of the yellow fever in Norfolk, three years ago, where forty of our "profession, being four-fifths of those in that community, swelled too as their ranks had been, by volunteers, from other cities, fell manfully contending with disease and death." "Greater love hath no man than this, that he lay down his life for his friends."

Another claim of regular medicine to confidence, is its progressive character. Many things, excellent and desirable in themselves, are insignificant in their commencement, but having vitality in their nature, progress more or less regularly and rapidly, till they attain great perfection.

Some efforts were probably made at an early period of the world's history, to alleviate the pains and sufferings of the failing and diseased body, but they must have been extremely rude and unsatisfactory. The first phase of medicine, according to history, is the *Magical*. In this form it exists in all savage and barbarous nations. We hear in our day of the great efficacy of Indian remedies, and the skill of Indian doctors, but all Indians, before their intercourse with the white man, had medicine men, or conjurers, and depended on them for the cure of their diseases. Next in order was the *Empirical*. A certain article relieving a certain symptom, or set of symptoms, was recommended in cases of a similar character. Then followed the time for theories and hypotheses. Many of these were elaborated with great shrewdness and skill, and put forth with great confidence and abundant display. Others soon followed, which if not more shrewd and plausible, yet from their novelty supplanted their predecessors.

Efforts to maintain a theory lead to the perverting or falsifying of facts. Everything that can be pressed into its support is sought with avidity, while whatever is unfavorable, is rejected or per-

verted. The evil influence of these theoretical speculations did not prevent all valuable discoveries. Prominent among these were the discovery of the circulation of the blood by the immortal Harvey, and vaccination by Jenner. Neither did great discoveries at once prevent theoretical speculations, but rather opened new channels for their development. While the influence of theories has been on the whole evil, some have contained, buried up under a great amount of rubbish, very important principles.

The theory of Brown, known as the Brownian system or theory, from its great simplicity was for a time very popular. Dividing all disease into two classes, Sthenic,—or diseases of increased action, Asthenic, or diseases arising from debility or deficient action,—it claimed to make the treatment of disease extremely simple; like Sir Robert Peel's sliding scale as applied to the corn laws of England. But it was soon found that something more was necessary to cure disease, than barely to reduce action by evacuants, and other antiphlogistic means, to the healthy standard, or by the use of stimulants to raise it to that point. Blood-letting would not cure all inflammation, or stimulants remove every form of debility.

While the theory, like all its predecessors, was soon exploded, the idea of division of diseases into those of increased or diminished action, was found to be a great principle, ever true and all important. I shall have more to say respecting this theory when I come to treat of the principles of medicine.

For many centuries there was such a superstitious reverence for the dead body, that no dissections of it were allowed, whereby physicians could obtain a knowledge of anatomy, the science of healthy organization. This being removed, all intelligent persons are aware that it has long been studied and taught as a science, and brought well nigh to perfection. Morbid or pathological anatomy, which treats of diseased structure, has been more recently improved. It has taught us the existence of diseases not before suspected,—instructed us how to cure diseases once incurable.

Physiology, the science of life, which treats of man as a living, acting being, has long been pursued as a science, but greatly improved within the last half-century. The use of the microscope has aided in the advancement of this as well as pathological anatomy. *Materia medica* has been recently greatly extended and advanced by the aid of chemistry and botany, adding new articles, and developing or separating new principles from those already in use. Therapeutics, which treats of the operation of the different means for curing diseases

and their application in practice, has been equally advanced during the last few years.

During the last half-century great advances have been made in ascertaining the causes of disease, but more particularly in determining their distinction or diagnosis. The knowledge of physical signs has been greatly advanced, so that we now readily and accurately detect and distinguish diseases of the heart and lungs and other internal organs, in some instances so early as to find them in a curable state; and we are to anticipate greater improvements in this department, so as to arrest and cure many cases now incurable. By the aid of chemistry and the microscope, we are able to examine the secretions and the excretions, ascertaining the exact seat of the disease and its nature, and thus be able to apply the appropriate remedies.

Had Bacon lived at an earlier period, his philosophy would not have aided medicine, for the facts were too few and observation too limited, to have established any important principle. But in his time these were collected in sufficient numbers to commence the establishment of medicine upon a philosophic and rational basis; and from that period to the present, an immense number of facts have been carefully observed and recorded, relating to the causes, nature and constitution of diseases,—their symptoms, diversities, distinctions, results and prevention,—the effect of remedies under the various circumstances of disease and condition of the patient: all these enable us to establish general principles founded upon truth.

"The principles, elements, or institutes of medicine," says Dr. Williams of London, "comprise those leading and general facts and doctrines regarding disease and its treatment, which are applicable, not to individual cases only, but to groups or classes of diseases. This branch of medical knowledge is also designated by the term *general pathology and therapeutics*, to distinguish it from *special pathology and therapeutics*, or the theory and practice of medicine in relation to individual diseases."

"The principles of medicine may be deduced in part from a knowledge of animal structure and function, anatomy and physiology, conjoined with an acquaintance with the agents which cause and remove diseases; but chiefly they are derived from a generalization of facts observed in an extensive study of disease itself, and its effects in the living and in the dead body."*

"The leading rules" or principles "of practice, those which guide

* Principles of Medicine, by Charles J. B. Williams, M. D., F. R. S., page 29.

the most experienced men, are founded on general views of diseased function and structure—that is, general pathology. The condition of the system—that is, the function, is to be taken into account; and the variations of this condition, the states of *sthenia* and *asthenia*, tone and debility, excitement and depression, *plethora* and *anæmia*, are the very subjects which general pathology explains and shows how to treat.” *

These general principles constitute an important branch of medical knowledge, as yet imperfect,—can hardly be called a science, yet so far advanced as to be eminently useful to the practitioner. They relate to the causes of disease, pathology proper or disease itself, the division and classification of disease, their distinctions, results and prevention. Under the head of causes they treat not only of the local, definite cause of each disease, but of the general laws of contagion, epidemic influence, epidemic constitution, or periods, all which have an important influence in modifying the appearance and nature of diseases, and their proper treatment.

While speaking of the Brownian system, I stated that it contained the idea of a great principle. It was the *idea*, and the term used to describe it, rather than the principle itself, that we have adopted. Brown treats of the *sthenic* and *asthenic* diathesis, or the different state or condition of the body under disease; but when he comes to treat of particular diseases, he places them on his scale by name, either above or below the state of health. This is theory, not truth. The principle applies these terms to the condition of the system when laboring under disease, without any reference to the name. In this way we find that scarlet fever, puerperal fever, rheumatism, or small pox may at one time be attended with inflammation or increased action, at other times with deficient action or debility. It is under the guidance of this great principle that the scientific physician learns to treat with success diseases of the same name at different times, under the varying circumstances of climate, season, constitution or idiosyncrasies of his patients, with directly opposite treatment. In the application of this principle to cases as they occur in practice, the truly wise and judicious physician has an ample field for the display of great discernment and eminent skill. Nothing can be more erroneous than the prescribing for the names of a disease, though it is common among many classes of doctors and in all communities. Families having their globules, or other domestic remedies, often feel competent to prescribe if they can get a physician to name the dis-

* Principles of Medicine, page 20.

case. The regularly educated physician feels the pulse, examines the tongue, the skin, the complexion, the bodily strength or debility, to ascertain not only the name and seat of the disease, but the particular state or condition of the system. Take for instance a complaint as simple and common as pain in the back. The empiric or mere routine practitioner can remember something that has cured such pains ; he prescribes, and perhaps in one case out of ten he may chance to hit right ; if he fails, he tries another, and so on. The educated physician examines the case, inquires in his own mind whether the seat of the disease is in the muscles, the bones which form the spinal column, the spinal cord which passes through the bones, or in the kidneys, or in some other internal organ. If the case is an intricate one, he examines the secretions and the excretions, by chemical test or the microscope. Having ascertained the seat of the disease and the pathological state of the diseased organ, and general condition of the system, he can judge with great certainty whether it is curable or incurable. If the former, he knows the remedies that are appropriate ; if the latter, he knows what is best calculated to palliate suffering and make life more endurable.

I have alluded more particularly to this important principle, because of its extensive application, and for the reason that it can be readily understood and appreciated by every intelligent person. While the regular, scientific physician rejects all false theories and hypotheses, and follows only the philosophical and rational science of medicine,—“true, simply, because it obeys the laws of induction,”—the empiric, or supporters of partial systems lay their foundations upon some old theory long since exploded. For instance, the humoral pathology, “all diseases arise from bad matter in the blood ; they only differ in the mode of expelling it from the system ; one purges out the peccant humor, the other washes and sweats it forth.”*

It has often been said as a reproach to medical men that “doctors disagree.” Formerly this was too often true ; even thirty or forty years ago there were great divisions of parties in the profession, one party advocating a depleting or antiphlogistic course, and the other a high stimulating course. Happily these divisions have passed away ; now there is great harmony in the profession ; all are united in their efforts to establish a rational system of practice, depending more upon the recuperative efforts of nature. The saying that “the doctors make worse before they make better,” is with exceptional cases

* Principles of Medicine.

no longer true of the wisest and best classes of physicians. Their practice is more of a soothing, quieting character, often making their patient more comfortable from the first visit.* If this improvement in practice shall remove that feeling which many families have long indulged, fear of sending early in the disease for medical assistance, lest "they should certainly be sick if they had a doctor," it will do as much good indirectly as directly, giving an opportunity for the use of appropriate means in the forming states of the disease.

The American Medical Association, composed as it is of delegates from all parts of the United States, has an important influence upon those members of the profession who have identified themselves with it, so as to derive those benefits from it which it is designed to impart. This association, in connection with the state and county societies, is making great efforts to induce medical men to make more careful observations in relation to the history, symptoms, treatment and results of disease, the nature and action of remedies. This plan, if carried out faithfully, will have an important influence in correcting present principles, and establishing new ones.

I have given a rapid and very imperfect sketch of the science of medicine, but sufficient to show that it is progressive, not regularly and uniformly, but as we witness the growth of a human being, from infancy to adult age; we see not a regular uniform advance from year to year; rather some years stationary, or making hardly a perceptible advance, then as it approaches manhood, making rapid strides to maturity; or rather like the intellectual faculty, manifesting itself in the infant as a feeble, flickering, variable principle, progressing through childhood, youth, mature age; clouded for a time by the infirmity and decay of animal life, but destined (if sanctified) after it has escaped from its prison house to make more rapid advances, shining brighter and brighter throughout eternity. So with medical science: having passed through infancy, childhood and youth, it has during the past years of the nineteenth century, been making rapid advance toward perfect manhood, and is destined hereafter to attain to great perfection.

It is characteristic of all mere theories and false systems of practice that they are not capable of embracing the truths already established. In order to maintain them with any plausibility, facts must be suppressed, or perverted; but there is not a truth in Thomsonianism, Chronothermalism, Hydropathy, or Homeopathy, that our system can

* See Prize Essay by Prof. Worthington Hooker, Rational Therapeutics.

not appropriate and apply, in building up a perfect structure. Unfortunately, the truths, compared with the errors and false principles in these systems, are *infinitesimals*. We are prepared to receive truth from every department of nature, from any source, however humble. Some of our important remedies have been brought into notice by humble individuals in domestic practice.

Regular medicine may be compared to a great edifice with extensive wings. It is founded upon a rock. The basement and the first stories are built of solid and permanent materials. The superstructure and the wings are yet imperfect; some of the materials used are faulty; some of the wings are not in proper proportion; but such is the construction of the building, that the failure of a stone here or there does not endanger the building. The defective materials may be removed, and perfect ones substituted. Some of the wings may be removed or remodeled. There is an appropriate place in this extensive edifice, for every perfect building material, and every tasteful ornament.

So medical science is of a compound character, or rather including a number of sciences. It is founded upon the rock of truth; then come those sciences that are nearly perfected, and demonstrated, anatomy and physiology, the collateral sciences, which may be compared to wings; the superstructure to practical medicine, yet in a forming, improving state, but destined to be more and more rapidly improved and perfected.

Another evidence of the truth and vitality of our system, is the fact that it is the only one that has maintained its hold upon the confidence, upon the most intelligent portions of the communities, for any long period.

Others have for a short time blazed up with some brilliancy, but like the *ignis fatuus*,* flitting from bog to bog, over the meadows, now shining, then dark, then faintly flickering, till the sun arises, and it is gone.

I have only very imperfectly presented the claims of our profession, but I have no time to pursue the subject further. I will briefly allude to the *mutual responsibilities of physicians and their patients or the community*.

One great fact should be impressed upon the mind of every physician and his patients, that they have not only mutual responsibilities, but their interests are in a great measure identical. Whatever the

*Jack o'Lantern.

physician does to qualify himself for the practice of his profession, whatever skill he may acquire and exercise in the rapid and perfect cure of his patients, will also promote his own interests, extending his reputation, enlarging his business, and adding to his resources, but above all, giving him that peace of mind which arises from the performance of good deeds. On the other hand, whatever patients do for the benefit of their physicians, in ways that I shall point out, will tend to make them better practitioners, so that in subsequent attendance, they may be able to afford more efficient aid.

If the difficulties and uncertainties attending the practice of medicine, the amount of learning requisite to prepare one to engage in it, are in any measure what I have represented them to be, the responsibilities resting upon the physician are enough for men of the greatest minds, of the most untiring industry.

Every one about to enter upon the practice is under imperative obligations to obtain a thorough education. His mind should be well disciplined by a thorough course, adapted for that purpose; then a thorough study of the elementary and collateral sciences, attendance upon the best medical schools of the country; after this he should learn clinical medicine under the instruction of wise teachers, in hospitals and private practice. No conscientious man, if he understood the subject, would do less. The physician should know that his professional business is of sufficient importance to occupy the best energies of his mind and body. He cannot be a successful practitioner if he gives any considerable portion of his time to politics, farming, or manufacturing. The study and practice of medicine are such as to demand the undivided attention of the greatest minds, much more those of moderate capacity.

He is to continue a student as long as he continues in practice; there is to be no relaxation on account of age or experience. There are yearly, monthly, and daily improvements in medicine, which he can not know and take advantage of, unless he attains and keeps up the habit of study and investigation. If he gives up study, let him leave his patients: he has no right to approach the sick, unless with the best preparation in his power.

The gratuitous services of the physician, to which I have alluded in another place, may be performed in such a way and with such a spirit, as to be a task and a burden to the one who performs them, and be little calculated to elicit the gratitude of the recipient. But when they are the result of a truly benevolent, cheerful, willing spirit, they carry their own reward to the giver, and often call forth

the spontaneous thanks of the receiver. The physician has only to imitate, as far as possible, the only perfect being that has appeared on earth, who, while he preached the gospel to the poor, healed the sick, in order to obtain the approval of a good conscience, and receive the blessing of those ready to perish.

The true physician will be not only a messenger of love, but one of hope and good cheer. Instead of ministering to the fears and gloomy anticipations of his patients, in order to get the credit of performing wonderful cures, he will give them the full benefit of all the hope there is in their case, allaying all unnecessary alarm, quieting their fears, and often, by his cheerful looks and benevolent countenance, contribute as much to their recovery, as by the medicine he administers.

Much talking with the sick or their friends is profitable to neither party, but often leads to serious difficulties. When anything is said, let it be the frank, open-hearted, out-spoken truth. Misunderstanding and jealousies are often prevented by a little plain talk. The whole truth is not to be spoken at all times and under all circumstances, but whatever is said, let it be the truth, and nothing but the truth. We may have the most serious apprehension concerning our patients, and still there may be so much uncertainty about the result that it may be wise to communicate our fears to the friends of the patient rather than by any direct communication to give unnecessary alarm. The mutual confidence that exists between an honest, upright, prudent physician and his confiding, trustful patient, is of a peculiar and interesting character and should never be betrayed. The physician who is guilty of a breach of confidence, does it at his peril. If he persists in it he is sure to lose his business as well as his reputation. This confiding spirit, if rightly improved, may eventuate in great good to the patient. Sickness and suffering often lead the sufferer to more just views of the comparative value of this world and the one to come, a more correct understanding of their own character, and result many times in the formation of good resolutions for the guidance of their future conduct. It is within the province of the physician to strengthen these good intentions, and encourage his patients, during their convalescence, to higher and higher attainments in sound morality and pure religion. Consultations in difficult and protracted cases, if rightly conducted, confer those mutual benefits to both physician and patient, to which I have alluded. If there is harmony between the parties in the selection of a counselor, and he has the

confidence of both parties, the influence will be favorable, whatever may be the result of the case.

Patients and their friends should exhibit the same frankness toward their medical attendant, that I have enjoined upon the physician. If his visits are not as frequent as you desire, tell him so plainly, rather than complain of neglect. If they are too frequent, inform him; but then, if he is an honest, conscientious man, leave the decision with him. If you wish for a counselor, fear not giving offense by frankly stating your wishes. But in stating the obligation of patients or the community to their physician, I prefer to do it mostly by extracts, and in the first place from the code of medical ethics.

"SEC. 1. The members of the medical profession, upon whom are enjoined the performance of so many and arduous duties toward the community, and who are required to make so many sacrifices of comfort, ease and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

"SEC. 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

"SEC. 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician, for a medical man who has been acquainted with the peculiarities of constitution, habits and predisposition of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge."

"Now," says the Rev. Dr. Tappan, Chancellor of the University of Michigan, in an eloquent address entitled "Mutual Responsibility of Physicians and the Community,—“Now to whom shall we look for a reliable medical science? shall we look to him who deals in charms and spells? shall we look to the rude empiricism of the unlearned? shall we look to the Indian root doctor? shall we look to those who without any claim to be scientific, compound elixirs, pills and panaceas,—men unacquainted with anatomy, physiology, chemistry and botany,—ignorant alike of nature and man,—mix drugs at random,

and have no merit but that of exciting the imagination of the unthinking by the mystery under which they conceal their shallowness or their atrocity? Shall we look to subtle theorists, who, although not without learning, have forsaken the only safe methods of investigation, and are led astray by imaginary facts, and dream of potencies yet undiscovered, and voiceless, intangible, aerial agencies? Or, shall we look to those old established schools where learned men and true philosophers have ever been found? At these schools there is neither sciolism nor mysticism. Here, scholarship is thorough, and fact is not outrun by speculation. Here, medical science has advanced in company with the other sciences, and by the same method, and often by the same men.

"If genius, learning, philosophical conception, legitimate investigation, and the utmost diligence, with all the aids that have hitherto been collected in our world, can meet with any success in any region of inquiry, then we must go to these schools to find the result. * *

"If their discipline can not make reliable physicians, then our world is destitute of them. * * * *

"Do any find fault with our schools? Then let them aid us to perfect them. Try not to pull them down. There is nothing to put in their place. Improve them as much as you please; lend every effort to bring them up to the ripest development. You can not change the science, the method, the aim, without annihilating them, and with them annihilating all medical education.

"Do any find fault with the doctors of medicine we send forth? Let them create a public opinion that shall stimulate, aid and foster us, by demanding of our candidates the amplest preparation. But let them not abet the magician, the spirit-rappers, the ignorant or unprincipled empiric, the wild and loose theorists of all kinds. We at least are on the right track. We are trying to do some good in a legitimate way. If our eagles do not fly near enough to the sun, do you find anything more like the birds of Jove among the *quacking* brood in the marshes below. * * * *

"Be at least as prudent in buying medicine as you are in buying flour and meat, where you first assure yourselves of the quality. Be at least as prudent in choosing a physician as you are in choosing a tailor and a shoemaker, where you first satisfy yourselves that he is a proper workman and no bungler. What is the madness which impels us to run such fearful risks of health and life?"

"And when you have chosen a physician, thoughtfully, judiciously, and know that he has talent, tact, education, experience, kindness,

truth, honor and morality, treat him accordingly. Repose confidence in him. Submit to his skill and discretion in your sickness. Do not call him in merely to hear your own views of your case, and to share the responsibility of your own empiricism. Let him be fully, truly, and wholly your physician. If results do not come as rapidly as you desire, do not dismiss him to try new experiments. His judgment must be better than your own. You may die in his hands, it is true. But what grounds have you for believing that you will better your case by calling in another man, or by resorting to an empirical practice. We must all die at last; and the very change you make to elude your fate, may be an act of imprudence, which seals and hastens it."

"It is your right to ask for consultation; but respect the judgment and wishes of your physician in the selection. Treat honorably your good and tried physician. Recollect his interests are your interests." "And when health returns be grateful to him. Grudge him not his equitable fees, and delay not their payment. The man who has been instrumental in saving your life, in restoring to you the blessed sensation of health, has done more for you than if he had given you an estate." "What will not a man give in exchange for his life."

I have quoted thus largely from the reverend doctor because it is eloquently expressed, and coming from such a source it has the further merit of disinterestedness. For the same reason I quote farther from an unknown authoress.* "Like other men, the physician has his susceptibilities to sympathy, and needs encouragement and appreciation. He needs co-operation with his services, forbearance with his mistakes, and the same charity for his foibles and faults that we feel that we have a *right* to expect from him toward our own. Sometimes a physician is dismissed for some slight mistake, some oversight or omission, which, from the very painfulness of his experience in consequence, he would be on double guard against ever after, and his place is supplied by one who perhaps falls into the same or more serious misjudgment, and in his turn is likewise dismissed. None are infallible; therefore should the ill-timed and unnecessary criticism be suppressed with the same consideration we look for him toward the weaknesses and faults his position enables him to discern in our domestic circles. Nor should we expect in him creative or

* Melva, Family Guardian.

omnipotent power ; for when the fated arrow is sped from the quiver of the Almighty, no human hand may stay it.

"Like that of other mortals, the physician's ear must sometimes weary of querulous tones, impatient complaint, and the continued minor key of the invalid's moan. The inmates of that home who during a morning call from their family physician impart to him of those precious but intangible social influences which elevate, strengthen and cheer, may unwittingly transmit rays of sunshine and hopefulness through the whole round of his day's ministrations. Animal spirits will flag sometimes under constant drafts upon sympathy and patience and the pressure of anxiety and responsibility. Then do such influences do him good like a medicine.

"Irregular meals, loss of sleep, the driving blast or cheerless rain, and the chilly night air, are as repulsive to him as to other men. The mental quiet that takes possession of the business man's mind when he feels that *his day's work is done*, the physician can also appreciate, and it would be equally agreeable to him to feel that there was no liability to an interruption of the social chat ; no call from the warm, attractive fireside ; no necessity for relinquishing slipper and easy chair, and the enjoyment of a new publication, or converse with family or friends." "But if suffering humanity calls, the call is imperative. Personal comfort or social courtesy must be foregone at a moment's notice, and domestic attractions exchanged for the anxious and often repulsive service of the sick room. Let the family, then, who enjoy the friendship and services of a physician whose qualifications meet their moral and physical needs, who is to them an acquisition, a *household blessing*, duly appreciate, love, honor and sustain him. Let them remember him at the domestic altar, and in many a token and attention of social life, as they do their pastor, and so regulate the intercourse of the relationship that there may be mutual advantages,—reciprocal aids in learning how to live and in preparation for death."

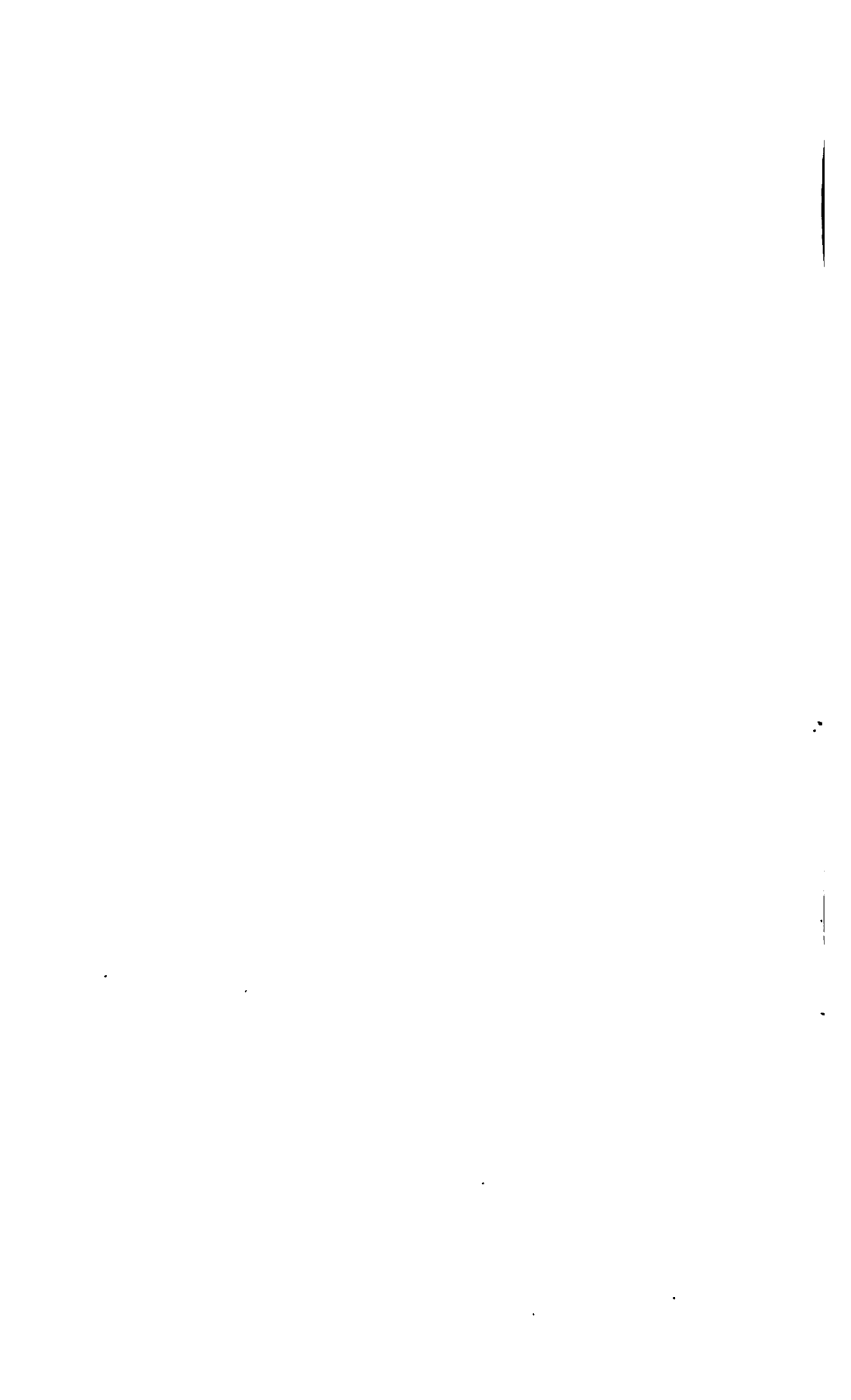
I will add only one or two ideas to those so eloquently and forcibly expressed above, and those such as can only be fully appreciated by the medical man. The studies to be prosecuted after one has entered upon practice, though all-important, can be pursued at best only under great difficulties. The whole day, including many times the twenty-four hours, will be wholly occupied in attendance upon the sick, and this often in consequence of irregular and untimely calls unnecessarily made. This is especially the case when the

physician's practice extends over a large region of country. If the patients or their friends were only to inform their medical attendant of their wants early in the day, stating as near as possible the urgency or the opposite of the case requiring attention, he might so arrange his business as to leave a valuable portion of his time nearly every day for reading and investigation, which otherwise may be entirely lost in going over and over the same roads and streets. This is another instance of the mutual interest of physician and patient. By giving the former time for improvement, he acquires knowledge and skill which is applied for the benefit of the sick. I have always had some families who were careful to send in the morning, and if the case was not urgent to request attendance in the course of the day. Such families have always had my best attentions, while those who were always crying wolf! wolf! may occasionally have suffered when actually in his clutches.

In conclusion, let us for a moment look forward to that medical millennium which we shall never behold, but may be allowed to anticipate, when the science of medicine shall be perfected; those principles now uncertain be fully elucidated and established; when every practitioner shall be thoroughly and perfectly educated for his profession, and withal be a benevolent, upright, conscientious man, having such full confidence in those to whose wants he ministers, that he will have no anxiety for his own temporal wants, but be able to give the whole energies of mind and body to the investigation and removal of disease and suffering; when the most delicate and refined female shall be able to find a physician in whom she can place such implicit confidence as to impart to him the first indication of disease, and thus avoid years of suffering; when every woman who now wisely selects a machinist to regulate her sewing machine, or a practical musician to tune her piano, shall act as discreetly in the selection of one to regulate that delicate mechanism which sends a glow of health and beauty through her frame, or those ten thousand nervous filaments, which, when in tune, send thrills of joy and pleasure through her system; when every manufacturer shall select his physician as wisely as he does his machinist; every lawyer, who in his profession examines evidence so closely and estimates it so exactly, shall examine science before he rejects it; every minister of the gospel shall hate nostrums as he does Pantheism,—avoid infinitesimals as he would transcendentalism,—believing there is science in medicine as well as theology; when all persons, in every depart-

ment of life, shall fully and perfectly understand the laws of hygiene, and be willing to follow them, thus preventing a vast amount of unnecessary disease, so that what is suffered may be justly and truly termed a dispensation of Providence; when the whole community shall unite with the wisest and best physicians in arresting disease in its incipient state, curing what in this approaching, enlightened age, shall be curable, greatly alleviating and palliating what is incurable. "Blessed are they who see the day of glory, but more blessed are they who contribute to its approach."*

Secker.*



REPORTS OF COMMITTEES.

Report of the Annual Examination of the Candidates for the Degree of Doctor of Medicine, at Yale College, for 1858.

THE Board of Examiners convened on Wednesday, Jan. 13th. Present, on the part of the Medical Society, Benjamin H. Catlin, M. D., of Meriden, President; Chas. Woodward, of Middletown; P. G. Rockwell, of Waterbury; and James Welch, of Winsted;—and on the part of Yale College, Prof. J. Knight, C. Hooker, H. Bronson, W. Hooker, B. Silliman, Jr., and P. A. Jewett.

Six Candidates submitted their Dissertations, and after examination were recommended for the degree of Doctor of Medicine; viz.:

John Martin Aimes, of Orange, on "Food," with the Valedictory Address.

George Washington Birch, of Brookfield, on "Apoplexy."

St. Felix Colardeau, of Gaudaloupe, W. I., on "Lactation."

Daniel Armstrong De Forest, of Newburg, on "Typhoid Fever."

Henry Webster Jones, of Bridgeport, on "Alimentary Substances."

Timothy Beers Townsend, of New Haven, on "Indirect Inguinal Hernia."

Samuel W. Gold, M. D., of Cornwall, and P. G. Rockwell, M. D., of Waterbury, were appointed to give the Annual Addresses to the Candidates in 1859 and 1860.

Chas. Woodward, M. D., was appointed to report the proceedings of the Board, to the President and Fellows of the Connecticut Medical Society.

The Medical Commencement was held on Wednesday evening. Dr. John Martin Aimes of the Graduating class, gave the Valedic-

tory Address, after which the Degrees were conferred by President Woolsey.

Archibald T. Douglass, M. D., of Groton, who had been appointed by the Board of Examiners to give the Annual Address to the candidates, was prevented, by sudden and severe sickness in his family, from attending the examination; though we are informed that he had prepared his address.

The examination of the candidates was highly satisfactory to the Board. Though few in number, their instruction had evidently been thorough, and they evinced talents and qualifications of a high order.

The committee would take this occasion to call the attention of the Convention to the claims of the medical department of Yale College, on the Medical Profession of this State. With us it originated; in our hands its founders placed its supervision; and on us rests to a great extent, the responsibility of its success. It is unnecessary here to state that it has been an honor both to the State and the Profession. The several departments have ever been filled with able Professors, and the instruction given in the elements of medicine has been, we believe, equal to that given in any other Institution in this country. The comparative small number who seek instruction here, is not owing to the character of the instruction, but to causes which it is unnecessary here to recapitulate. To a certain extent they are unquestionably beyond our control, but at this period, when Medical Institutions are so numerous, and the competition for pupils so great, something more is required of its patrons than to see that the chairs are ably filled. There is much that can and should be done by the members of the Profession, individually and collectively, to foster and sustain that which we should consider as *our* school for medical instruction. To the Convention, however, we would leave this subject, to adopt such measures, if by them any are deemed necessary, to strengthen the hands of the Professors and place the Institution in its appropriate position.

In behalf of the Board of Examination,

CHARLES WOODWARD.

Report of the Committee to whom was referred the matter of devising some plan for the more suitable accommodation of the insane convicts and others, at that time confined in the State Prison and Jails of the commonwealth.

This committee, it may be remembered, was appointed at the Convention of the State Medical Society which was holden at Norwich, May 10th and 11th, 1855. It consisted of one from a county ; viz., Drs. Hunt, Knight, Casey, Simmons, Fuller, Peters, Bennet, and Dean.

The course at that time proposed to be taken by the committee, and which was subsequently pursued, was to memorialize the legislature, then in session at Hartford, asking for a hearing before the committee of that body, to whom their memorial should be referred ; to whom the friends of the movement could make known at length the wants of those in whose behalf they appeared, and also suggest such measures for their relief as seemed to be demanded.

Though the members of the committee appointed by the Society did not all appear to urge the highly important and benevolent project with which they were charged, several of them manifested the deep interest they felt, both by letter to the Chairman, and also by availing themselves of all suitable occasions to explain and impress favorably the minds of their own, and other members of the legislature with whom they came in contact.

The report (of which a thousand copies were printed, some two hundred of which being attached to the "Proceedings" of that year, as an appendix) made by the Committee on State Humane Institutions, to whom the memorial was referred, clearly evinces, both on the part of the committee itself, and on that of the friends of the undertaking proposed, a becoming interest ; several of those best informed, from a long residence at the Prison, and mature reflection on the subject under consideration, being present, and stating, quite at length, before the committee, the conclusions to which they had come. These, together with much other valuable information procured at home, and from the experience of other countries, formed the broad and convincing basis upon which the Report referred to was founded. In compliance with the views of this committee, the legislature passed an act, appointing a commission, with power to take such preliminary steps as would bring the matter, in an intelligible and practical shape, before the succeeding one ; and \$1,500 were appropriated for this purpose.

The commissioners, in conformity with the requirements of this act, prepared a plan and specifications in detail, together with estimates of the cost of erecting a stone structure, adjoining the State Prison, capable of accommodating, with good sized, well lighted, and thoroughly ventilated rooms, sixteen inmates. They also arranged for an enclosure, embracing some half an acre, surrounded with a wall of stone, eighteen feet high, in which the patients could be exercised, and to some extent employed in horticulture. The plan indeed, as a whole, contemplated a building with grounds attached, such that those, confined there, could receive all the curative treatment usually afforded at the best hospitals for the insane, be kept securely, and their comfort, whether curable or otherwise, be consulted to a reasonable extent. It may be proper to state here, that the plan of the commissioners provided no distinct accommodations for females, nor for the noisy; for the reason, first, that the history of the prison furnished no example of an insane woman; second, that apartments for the noisy inmates, which were a very small class also, were already provided in the new prison, contiguous and readily accessible; and finally, because a plan contemplating arrangements for these several classes, while practically it would have been of little use, would have so increased the cost of the structure itself, that it would have been a hopeless undertaking to attempt to induce the legislature to appropriate the amount required to build it.

The plan submitted to the legislature of 1856 was adopted, which appropriated for this and certain other greatly needed improvements at the prison, among them the enlargement of the hospital for the treatment of ordinary diseases, the sum of \$12,000. Further, it appointed a commission to be associated with the State Prison Directors in effecting these several alterations and additions. Though the appropriation of 1856 was known at the time it was made to fall somewhat short of the probable cost of the work directed to be done, it was decided by those to whom the matter had been intrusted, to proceed with these greatly needed improvements, and to look to the legislature of 1857 to make up the deficit that might then be found to exist. The contract for the entire work, therefore, was made, subject to certain contingencies, depending upon the action of the legislature,—during the winter of 1856-7, and the improvements begun early during the spring following. The legislature of 1857 appropriated the additional sum of \$5,000, which was found to be required, making the entire cost of these several improvements, \$17,045. There are now ample and suitable accommodations in apartments,

appropriated to their exclusive use for those at the prison suffering from the ordinary forms of disease ; and also, it is believed, for the present at least, both for those insane convicts now at the prison, those confined in the several jails of the State who may be transferred here by an order from any one of the judges of the superior court, and also for any such as those who, acquitted of crime because of insanity, are still regarded by the same authority as suitable subjects for this place, their own condition and the public safety demanding it. The experience of those having charge of insane hospitals had invariably decided against the confinement, either of the convict insane, or of those acquitted of crime on the ground of insanity, with the innocent insane ; and the public mind was equally settled, wherever the question had been suitably considered, in the conviction on the one hand, that the latter ought not to be left at large ; and on the other, that they ought neither to be treated like brutes nor compelled to occupy felons' cells, and submit to the harsh and degrading discipline which appropriately prevails in the criminal department of the State Prison ; but rather that both classes should, for the time being, and while suffering from the most terrible of human ills, be treated with kindness, and such indulgence, not incompatible with security, as was needful for their comfort and restoration. Hence, wisely, and in the exercise of an enlightened benevolence, and with a promptness, I may add, that does them infinite honor,—for Connecticut first agitated, and is first among her sister States, some of which have already entered heartily upon this good and greatly needed work of reform, to enter upon her reward,—they directed through their appropriate channel, the legislature, that these provisions be made for these suffering classes, which I have just described, and whose completion it is now my privilege to announce to the Society.

I can not, nor ought I to, conclude, without assuring the Society of the obligation which, in my judgment, is due, both on its own part and from the friends of suffering humanity throughout the State, to our valued Secretary, Dr. Beckwith, who most ably and triumphantly vindicated and sustained against no ordinary opposition, especially during the session of 1857, this benevolent enterprise. It is by no means too much to say, that without his constant watchfulness and successive defenses of it in the House, it would not have succeeded, and one less monument of the ever active, all-embracing charity of our profession exist, to challenge the gratitude and respect of mankind.

E. K. HUNT, *Chairman.*

HARTFORD, May 1st, 1858.

Report of Committee appointed "to confer with State Librarian relative to Registration of Births and Deaths," to State Medical Society, in Convention, at Waterbury, May, 1858.

WITH the system of registration now in force, the members of this society are all doubtless familiar, yet it may be well briefly to refer to some of its leading features. It provides for obtaining the information sought for from the most reliable source of such information, viz., physicians; and calls for it at intervals so frequent that the memory may be safely depended upon, so far as it may be found needful at any time to appeal to it, and all parties concerned in making the returns complete, may be readily found to answer any desired inquiries. The compensation also, as a rule, is reasonable, greater than in Massachusetts or Rhode Island, and all that the profession should desire for the service performed.

The State Librarian, to whom an abstract of all the returns made, is to be sent, and who is required by law to make up the annual report, is well qualified for the task, and is commendably desirous that it should prove equally useful to the State, and creditable to the profession and himself. He is also, your Committee are quite sure, ready to receive in a friendly and liberal spirit, any suggestions that may be made to him, through the Medical Society, and to carry them into effect, irrespective of the tax they may impose on himself, provided only that the laws under which he acts give him the requisite authority.

Having then a good system of registration, simple yet well adapted to the end in view, and all the means and appliances to make our labors in this important, yet hitherto comparatively uncultivated field effective, it is only required of the members of this Society that they perform a plain duty in conformity with its provisions. Make up your certificate for each birth and death that takes place in your practice, return it within the time appointed to the registrar, and at the end of the year you have as a reward of this trifling labor, not merely your fees, but the same information from every other physician throughout the State, arranged and tabulated in a form best adapted to answer intelligent inquiry, and also to give you much information which in fact it is becoming discreditable not to possess. Were this, or some like system of registration, to last but for a single year, its returns would amply pay their cost; but one of the prominent and most interesting features of a work of this kind consists in the fact

that its value greatly increases through the aid which each successive year affords toward establishing positive results,—their value being the greater just in proportion to the extent of the basis on which they are founded. Consider, we pray you, for a moment, the general truths relating to the fatality of different forms of disease, the sections of the State in which one or another disease is found especially to prevail or otherwise,—for the fact, be it one way or the other, is equally valuable; noting what diseases, if any, seem especially to prevail on the seaboard, and what more inland; the mortality at the different ages in the different sections of the State, more especially contrasting cities and large towns with the country in this particular; the effect of occupation on health; consider these few, as you well might so many other features of our reports, especially as exhibited in decennial results, for example, and how many strikingly interesting and practically valuable truths would they present? and all for what? for the labor we repeat, on your part, of making up the returns of births and deaths that have happened annually during this period, in your individual circuit of practice. We can hardly believe a single member of this time-honored Society so dead to a high public necessity, to his own interests and the honor of the profession, as to come short, when in fact so little is required of him, and the reward so great, as it must be found to be in the proper performance of this important duty.

Looking to the circumstance, that by every physician's doing his duty, we reach every quarter of the state, every representative district, we have a lever, by means of which, if united, we may readily, and with certainty, secure any change or reform in the system of registration, that may seem to us at any time to be demanded. While the facts above named, in connection with their bearing upon the means of preventing disease, or prolonging life, will have a controlling influence with the medical profession, considerations of a more selfish, or at least partaking of a less benevolent character, may operate with equal, if not greater force, upon the general mind of the State; and we may, with the view of awakening and maintaining a proper interest in this matter, on the part of the people, appeal to every tax-payer, to say whether more money is not expended one year with another, in the several towns of the commonwealth, in determining the residence of paupers, than the cost of executing the registration laws amounts to; all of which may be saved, including the vexation and trouble attending inquiries of this sort, at no distant day through their agency.

The settlement of estates also, which have heretofore not unfrequently involved protracted and expensive law-suits, may be effected by a reference simply to the returns, it may be, at some future day by those which some of us are just now making. The rates of life insurance may and ought to be predicated upon such returns as we are called upon to make, and ultimately the value of life will be estimated truthfully upon our returns, rather than, as at present, upon foreign or guess-work systems, now in vogue; probably lessening the cost of insurance.

Such are a few of the considerations with which we can approach our fellow-citizens, and demonstrate to them that a registration law as certainly and as closely effects their interests as our own; indeed, more so, for all the light which we procure by means of it, is at once applied to the prevention and cure of disease prevailing around us. What we want,—indeed, what the community wants, and all that is required to render registration eminently popular with the people,—is a clear appreciation of its practical bearings. To this end, therefore, and without further remark, we put the inquiry to every professional man throughout the State, in what way can you do yourself more service, in what way confer a greater boon upon the community in which you live, than from year to year acquainting yourself fully and with accuracy, as to the forms of disease, and the amount of mortality, with its rate per cent. of the population, which takes place in it; the causes that have concurred to produce it, whether owing to the occupation of the people themselves, or to the physical characteristics of the place, involving its temperature, topographical or geological features, or to both of these, or any other evidence bearing upon the subject before you; making up annually your return in accordance with an established form, and sending it as you now do to some appointed agent, so that it shall ultimately come back to you enlarged, and embodying not only your own, but the like information gathered up in the one hundred and fifty towns in the commonwealth; a mine of information, properly used, to yourself and neighbors? We have no hesitation in asserting that no physician can faithfully perform this task, looking at it in the comprehensive light in which it ought to be viewed, without reaping a rich reward in the mental benefit that will attend upon its performance, to say nothing of the increased estimation in which he would find himself held on account of it by his fellow-citizens.

If such are the obligations and reward attending a conscientious discharge of this simple and easy task, your committee would inquire farther, what ought to be and must be the dishonor, in this enlight-

ened age, attaching to its neglect, or even its partial and imperfect performance? and leave the answer to the inquiry, without comment, to every fair-minded and liberal member of the profession.

What is true in regard to deaths is equally so of births, and the considerations applying to complete returns of one, are equally true of the other. Still-born births, your committee respectfully submit to the Society, ought to be returned, as well as plurality and illegitimate births, all county-wise, and also the nationality of parents. These returns made for a few years, would show to some extent the moral status of our commonwealth, and also that the foreign element in our population is rapidly becoming numerically predominant. These, and probably other important facts, might, through the instrumentality of the Librarian, be returned in connection with the returns of births and deaths respectively, without adding in a degree worth naming, to any one's labors save those of the Librarian himself.

We can not refrain from suggesting that if some of the leading conclusions to be deduced from the preparation and study of the tables, were stated in ordinary language, the labors of the Librarian would possess much greater practical value. Unless one sits down to the deliberate study of results numerically expressed, not only the particular, but the more general and striking truths, to be obtained therefrom, are likely to escape observation, or, if noticed, to be soon forgotten. Besides, we are of the opinion, that both in the profession as well as out of it, the returns would be more extensively read and more popular generally, if results published as just intimated, accompanied each table, or followed, which would probably be preferable, as an appendix, the whole. We trust that the Society will concur with us in regard to the above changes, and bring them in a suitable manner to the notice of the Librarian.

Your committee have regretted to observe that the nomenclature and arrangement of diseases, as approved and adopted by the American National Association, are not followed in some States, a European standard being preferred. To our minds the reasons are decisive in favor of conforming to our own system, and we should exceedingly regret to know of any departure from it in this State.

As to the names of diseases as they appear in our annual reports, we would express the earnest hope that every member of the Society will see to it that he does not bring the profession into contempt with intelligent persons out of it, by the use of terms known only to the vulgar, and finding no place in any received system of practice. Besides, many terms are employed in quite too general a sense to

become of any practical value. Of these classes, we will name but two examples, viz., fits and white canker; though we are sorry to say that they might both be largely extended.

In conclusion, your committee congratulate the Society on its appointment of a standing committee on registration, requiring that it maintain a close relationship and active co-operation with those appointed by the State to make up our annual reports, and to communicate with this Society annually in writing, fully believing that its own and the interests of the people of the State, are intimately associated in maintaining a well ordered and faithfully executed system of registration, and that the law of rotation, applying to the other standing committees, should apply to this.

E. K. HUNT, *Chairman.*

Report of Committee of Publication, read before the Convention at Waterbury, May 26th, 1858,—G. W. Russell, M. D., Chairman.

THE Committee of Publication appointed by the last Convention would report:—That they met at Middletown on the fifteenth instant, and examined the several dissertations, &c., which had been sent to them, and would recommend for publication with the proceedings of the Convention the following; viz.:

A paper on Puerperal Convulsions, by C. A. Lindsley, M. D., of New Haven, and one on Human Embryology, by C. L. Ives, M. D., of New Haven, both read before the New Haven County Medical Society; a paper on Surgical Diseases of the Rectum, by Lewis S. Paddock, M. D., of Norwich, read before the New London County Medical Society; a Biographical Sketch of William C. Williams, M. D., by William Scott, M. D., and a Sanitary Report from Hartford County, by A. W. Barrows, M. D., both read before the Hartford County Medical Society; and a Biographical Sketch of John S. Peters, M. D., by J. B. Williams, M. D.

Whilst your committee regret that so few papers have been sent them for examination, they yet rejoice that a commencement of this plan has been made, and believe that more may be reported in future. It is their opinion that the value of the proceedings will thus be increased, and that a volume may annually be published by the Society from the contributions of its members, which will be creditable to the profession of the State.

And it is seriously urged upon the members of the Convention whether we shall not better enlist the sympathies of the younger members of the profession, many of whom do not now connect themselves with the Society, by adopting some such plan as is contemplated above, which, whilst it confers benefit upon all, furnishes a method of communication for the active and inquiring mind.

The committee, early during the present year, sent a letter to the clerk of each county, bringing to his notice the resolution passed by the last Convention in appointing a committee of publication, and requesting his co-operation.

GURDON W. RUSSELL.

P. A. JEWETT.

GEORGE W. BURKE.

MAY, 1858.

SANITARY REPORT,

Read before the Hartford County Medical Society, April 29th, 1858.

BY A. W. BARROWS, M. D., OF HARTFORD.

GENTLEMEN: The committee on the sanitary condition of the county for the year past, would respectfully report:—That the chairman, in accordance with custom, sent circulars to all the members of the society, soliciting information in regard to the following subjects of interest, viz., whether any epidemic or unusual disease had prevailed; if so, to what extent, and whether mild or otherwise; whether any local causes existed calculated to produce or modify disease, &c. With few exceptions, no returns to these circulars have been received. Your committee, therefore, are not in possession of sufficient data to enable them to present so full and accurate a report as would be desired. In the absence of more definite information, such as the physicians of the several towns alone can furnish, your committee will furnish such general facts, taken from the reports of registrars, with particulars relative to a few places in the county, as seem to them most worthy of note.

There has been a larger number of deaths reported from zymotic than from any other class of disease; deaths from zymotic diseases, comprising more than twenty-nine and five-tenths per cent. of all known causes. And of these, the exanthematous diseases, viz., scarlatina, small pox and measles, furnish a large proportion. Ninety-one deaths from scarlatina are returned, cases being reported from a large proportion of the several towns of the county, showing its general prevalence. Whether it has assumed an epidemic form in any place, we are unable to state. Dr. Scott states that the disease has prevailed to a considerable extent in Manchester, sporadically. In Hartford it has existed to a greater or less degree during the year,

but at no time to such an extent as to entitle it to the character of an epidemic. Cases have occurred in all sections of the city, but the disease has shown no decided tendency to communicate itself by contagion, a single case often presenting itself where several children have been exposed. There has been nothing peculiar in the character of the disease; a large proportion of the cases were mild, a few severe, especially during the summer season, when they assumed a congestive character, attended by convulsions from the commencement, and proved rapidly fatal. Twenty deaths are reported from measles and fourteen from hooping-cough. These diseases prevailed in Hartford during the autumn of 1856 and continued through the following winter and spring. Nothing peculiar was observed during their progress. Thirteen cases of measles and five of hooping-cough proved fatal; most of which occurred among indigent families, and the result was often due to neglect and exposure. These diseases distributed over the city and prevailing simultaneously, many subjects were attacked by the latter before they had fully recovered from the effects of the former. Many of the fatal cases were of this character, while other cases were rendered unusually severe and protracted.

Small-pox made its appearance as an epidemic in Hartford in November, 1856, and continued to prevail as such during the whole or greater part of the ensuing year. There seems to have been a peculiar susceptibility on the part of all unprotected persons to contract the disease. Persons who had never been vaccinated, or imperfectly so, were almost sure of contracting this disease when they came within the influence of the contagion. Notwithstanding the constant and persevering efforts of the health officer of the city, (Dr. Holmes,) seconded by the profession, to put a stop to the continuance of the epidemic by vaccination, still the influx of unprotected persons, and the carelessness or obstinacy of others, have furnished abundant material for keeping the disease alive. More than three hundred cases of small-pox and varioloid have occurred in this city during the past year. One hundred of these were small-pox. Thirty cases proved fatal, all of which are reported to have been confluent or malignant in their character. It was ascertained that twenty-three of the fatal cases had never been vaccinated, and of the remaining seven no positive evidence of vaccination could be obtained. Indeed, very few of the subjects of small-pox were known to have been vaccinated, and of varioloid very few had been vaccinated. Small-pox has prevailed to some extent in all the larger villages

of the county; five deaths are reported in Glastenbury, three in Bristol, one in East Windsor, and one in Windsor.

There seems to have been an universal exemption from those zymotic diseases ordinarily prevailing during the summer and autumnal months. Thirteen fatal cases of dysentery, fifteen of diarrhœa, and twenty-one of cholera infantum, only, are reported from the county. Of cholera infantum, thirteen deaths are returned from New Britain. In Hartford there were but comparatively few cases of this character; these were generally mild and amenable to treatment.

Fifty-eight cases of typhus fever are reported, and these were distributed pretty much over the whole county. Berlin reports seven deaths, Manchester five, Canton and Southington each four cases, Hartford fifteen, and other towns one or two each.

Of croup, twenty-one fatal cases are returned. In New Britain six, Hartford four, Southington four, Windsor Locks two, other towns one each.

The number of deaths in the county from affections of the respiratory organs is three hundred and ten. Consumption yields one hundred and eighty-eight, pneumonia one hundred and five, these two diseases comprising nearly nineteen-twentieths of the whole class. The cases of pneumonia are distributed in nearly equal proportions throughout the different sections of the county. Pneumonia, as observed in Hartford and its vicinity, has been of a typhoid character. This has been especially true of the cases occurring in the latter part of the year. The same fact has been noticed in other parts of the county. In treating the disease, bleeding was found to be inadmissible in almost every instance. Antimony, if borne at all, was tolerated only in the early stages of the disease and in small doses. Calomel and other reducing agents required to be used with great caution, as their prostrating effects were soon felt, if administered to any great extent. The use of tonics and stimulants were often indicated at a very early stage of the disease. The application of blisters and other counter-irritants were highly serviceable. Although this disease in many instances presented itself in a severe form, yet the mortality was not unusually great and the recoveries were as speedy and perfect as when it occurs in a sthenic form.

The percentage of deaths from consumption is fifteen and eighty-two-hundredths, something less than one in six. The percentage for the whole state is eighteen, or more than one in six. Taking the number of deaths as the basis, it appears that consumption is more prevalent in some parts of the county than in others. Thus the

towns bordering upon the Connecticut river exhibit a larger proportion than the higher and more hilly portions of the county. In Hartford the percentage is low, less than ten : with this exception, the average of the river towns is twenty-six and eight-tenths per cent., more than one in four ; while the other towns give only fourteen and four-tenths per cent., or one in seven. Wethersfield presents by far the largest proportion, twenty-one out of forty-seven, or one in every two deaths. Windsor, eleven in thirty-one, or about one in three. East Hartford, thirteen in forty-two, or one in three. East Windsor, Glastenbury and Rocky Hill each give one in five. On the other hand, Burlington returns none ; Bloomfield one in seven ; Marlborough one in nine ; Avon one in seven ; Farmington one in fourteen : Granby one in sixteen ; the proportion in most of the remaining towns being somewhat greater.

The number of deaths from diseases of the nervous organs for the year is one hundred and eighty, an increase from the previous. It has been stated that the percentage of deaths from this class of diseases has been annually advancing. This opinion is doubtless well founded. Apparent causes in daily operation are well calculated to bring about this result. The restless disposition of our people ; the haste manifested on all sides to forward plans for the accumulation of wealth ; the frequent excitement, political, financial, and religious,—all tend to undue stimulation of the nervous system and render it more susceptible of disease. The manner of conducting schools, particularly in our larger towns and villages, undoubtedly proves a fruitful cause of cerebral trouble. Tasks are imposed which require for their accomplishment too much of the time needed for sleep and out-door exercise. School committees and teachers, urged on, in some instances, doubtless, by zealous parents in their endeavors to benefit their children, by calling into action their mental faculties, too often neglect the no less important duty of developing a sound and vigorous body. Another cause tending to produce a like fatal result among the younger children, is the close and constant confinement in ill ventilated apartments. It is believed that cerebral diseases prevail more among the young, in cold, than in warm weather. During the winter the crevices about the doors and windows of the nursery, are closed so as to exclude the pure air, while stoves and furnaces are kept in full operation. As medical men, these points are of the greatest importance.

Deaths from diseases either of the circulatory, digestive, urinary or generative organs, have been comparatively few in number.

Your committee think it safe to conclude that, exclusive of zymotic diseases, there has been less than the ordinary amount of sickness in the county during the past year.

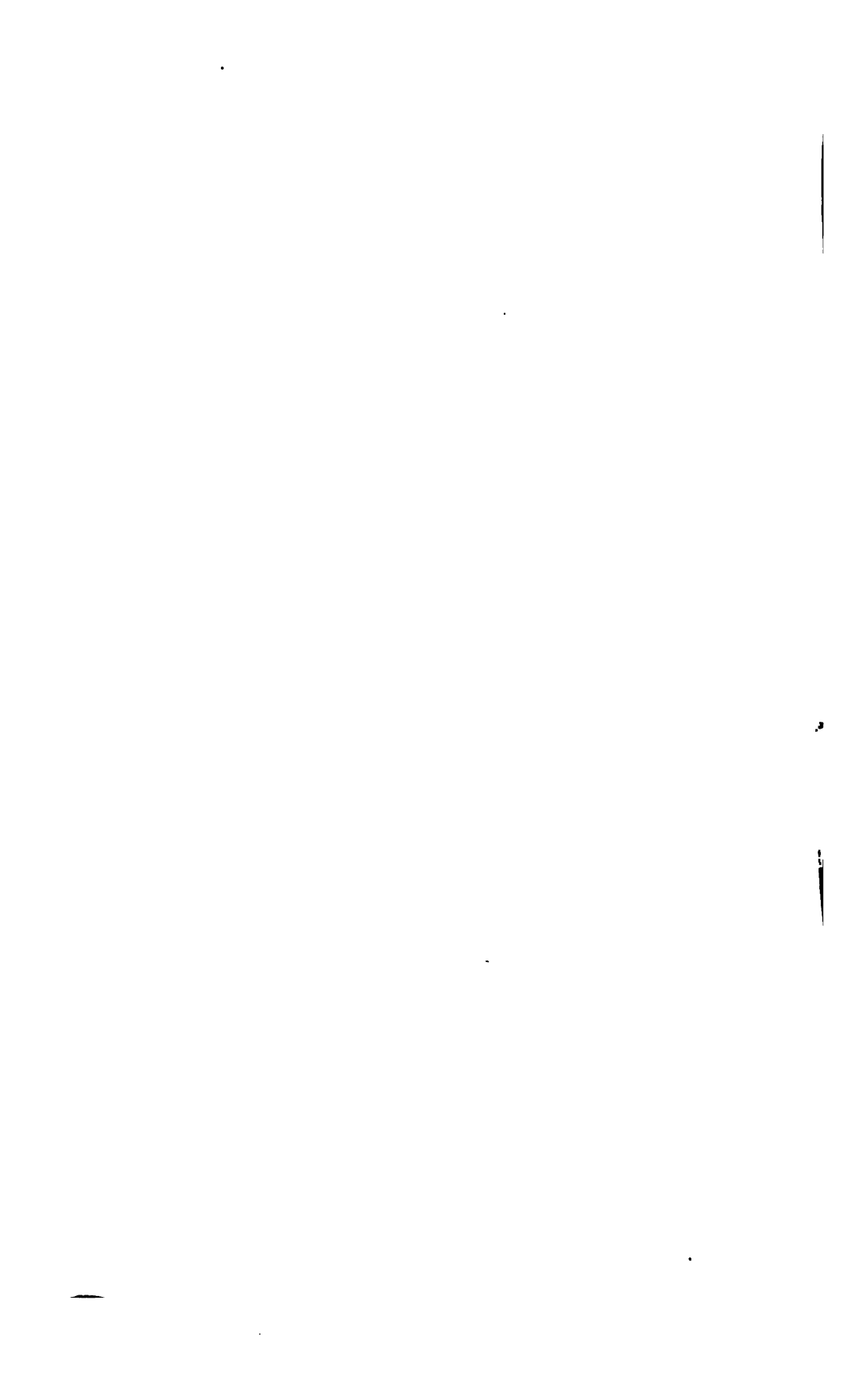
Dr. B. N. Comings reports that "New Britain has been remarkably exempt from epidemics during the year 1857 and the whole amount of sickness has been regarded as materially less than for several previous years. As usual, our irregular practitioners have furnished to the registrar no reports of deaths, and our statistics of mortality are very imperfect, if not wholly valueless."

Dr. William Scott, of Manchester, writes that "in 1849-50 dysentery, typhus fever and scarlatina prevailed to a very considerable extent, and the mortality was much increased. During the past year it has been very healthy. A few sporadic cases of contagious disease have occurred. Four cases of small-pox were brought from Hartford, all of which recovered. Vaccination and revaccination were resorted to with success, the disease being limited to the imported cases. A few cases of scarlatina occurred of the simple or anginose variety."

Dr. R. W. Griswold, of Rocky Hill, states, "The amount of sickness in this town was much greater than for the two previous years, but was mostly of an 'accidental' character, there being nothing of an epidemic nature, except the measles, which prevailed in the winter of 1856-7.

All of which is respectfully submitted.

A. W. BARROWS, M. D., *Chairman.*



PUERPERAL CONVULSIONS.

*Dissertation read before the New Haven County Medical Society,
April 8th, 1858.*

BY C. A. LINDSLEY, M. D., OF NEW HAVEN.

MR. PRESIDENT AND GENTLEMEN:—Perhaps our profession are not called to contend with any other disease, so formidable in its character, respecting which the best authors agree so exactly in the treatment. With scarcely a dissenting voice the grand chief remedy is venesection,—copious depletion, almost without reservation.

Dr. F. Churchill says: “The first thing to be done is to take away blood from the arm or temporal artery *largely*; if the paroxysms continue, this may be repeated.”

Dr. Copland, in his Dictionary of Medicine, in the article on Puerperal Convulsions, observes: “Depletion may be carried further in those states of the disease which assume the character of eclampsia, or which are attended by great fullness about the head, or stertorous breathing, than in almost any other malady.”

Dr. Cazeaux remarks: “At the head of the list of curative means we must place sanguineous emissions, which have been resorted to under *every form*. To these, therefore, we must first have recourse.”

In like manner, Dr. Rigby, Dr. Ramsbotham, Dr. Meigs,—in fact almost every authority,—recommend free depletion. The inference naturally drawn from this fact would be that the etiology and pathology must be as well understood, and the lesions of the disease as uniform, as the treatment recommended. An inference, however, that would be far, very far from the truth.

Indeed, the utmost confusion prevails among these same authors concerning everything else beside the treatment.

To illustrate, I give some quotations in reference to the causes, from several contemporary writers who will be recognized as authority.

Dr. F. H. Ramsbotham says: "The most usual proximate cause is probably pressure on the brain; this pressure being sometimes produced by the rupture of a bloodvessel, sometimes by serous exudation into the ventricles or between the membranes; sometimes, and by far the most frequently, by simple congestion of the cerebral vessels themselves: as to the remote causes the subject is at best but unsatisfactory and little understood."

Dr. Rigby remarks that: "The exciting cause of eclampsia parturientium is the irritation arising from the presence of the child in the uterus or passages, or from a state of irritation thus produced continuing to exist after labor. The predisposing causes are general plethora; the pressure of the gravid uterus upon the abdominal aorta; the contractions of that organ during labor; constipation; deranged bowels; retention of urine; previous injuries of the head, or cerebral disease; and much mental excitement."

Dr. F. Churchill declares: "It is exceedingly difficult to state anything very definite as to the cause of puerperal convulsions."

Dr. Locock asserts that: "The immediate causes of puerperal convulsions are often very obscure. They appear sometimes to depend on a loaded state of the vessels of the brain; at other times the brain appears to be influenced by distant irritation, either in the uterus, or in the digestive organs; and again, in some cases puerperal convulsions are induced by a peculiar irritability of the nervous system."

Dr. Collins says: "I conceive we are quite ignorant as yet of what the cause may be, nor could I ever find on dissection any appearance to enable me to even hazard an opinion on the subject."

I might exhaust your patience, gentlemen, with quotations from the most eminent obstetric writers, exhibiting the discrepancy of opinion and doubt that exists concerning the causes of this dreadful malady.

Any treatment founded upon no better basis than the guessings and surmises in the above quotations must be almost or altogether empirical.

The therapeutics of any disease is philosophic and scientific just in proportion as it is the result of well understood pathology and etiology.

In regard to puerperal convulsions, it remained for the masterly mind of Marshall Hall, the discoverer of the functions of the spinal marrow, to give the key to the solution of this obscure problem. He has demonstrated by repeated vivisections, which other observers have confirmed by the severest tests, that lesions of the encephalon induce paralysis *only*: whilst lesions of the medulla oblongata or spinalis

induce convulsion or paralysis according to their severity. Hence it follows that the seat of convulsion of every form must be in the spinal column; which opinion is supported by the experiments of Magendie, Schoeps, Flourens, Hertwig, and others.

An interesting experiment performed upon a dog by Dr. Marshall Hall, proved that irritation of the brain produced no effect, while pinching the dura mater lining the cranium, to which are distributed branches of the fifth, excited convulsions; so that the brain is actually inexcitor of spinal action, while the meninges are strongly excitor. The brain, therefore, has neither nerves of common sensation nor of excito-motion, although it is the sensorium commune. Pathology too gives support to the same idea, for we know that a tumor may exist in the brain without causing any cerebral or spinal symptoms, while a spicula of bone on the interior of the skull may occasion epilepsy. If the tumor does cause convulsion, it is by extension of irritation to the membranes, or by pressure on the medulla oblongata.

From such facts as these, and many others, the inference is conclusive that the nervous system is to be considered both physiologically and pathologically as two essentially distinct and separate organs, named by Dr. Marshall Hall the cerebral system and the excito-motor system. The last, with which we have more particularly to do, comprises the medulla spinalis and oblongata, with the corpora quadrigemina, forming together one distinct organ. Of this, Dr. M. Hall makes the following very comprehensive remark: "I believe that the whole order of spasmodic and convulsive diseases belongs to this, the excito-motory division of the nervous system, and that they can not be understood without a previous accurate knowledge of this system."

But the authors above quoted agree, so far as they agree at all, in locating the disease in just the other division, the cerebral system, the brain. Forasmuch, however, as neither physiology nor accurate observation in pathology will sustain their theory, we must abandon it, or rather discover, if possible, the true relation of the cerebral symptoms to the disease.

If it is the fact, as authors assert, that cerebral congestion is the cause of the attack, at what period of the labor ought we most confidently to expect the seizure? Most assuredly, and for every reason, when the congestion is the greatest,—that is, in the second stage of labor, when the violent contraction of the uterus expels the blood from its parietes into the rest of the system; when the powerful exertion of the voluntary muscles pours out a still larger quantity of blood into

the arteries and veins; when the head of the fœtus in the vagina has excited the reflex action of the expiratory muscles, causing with every pain, partial or entire closure of the glottis, interfering with the proper oxygenation of the blood in the lungs, obstructing its return from the head, and often distending the veins of the head and neck until partial asphyxia occurs. Surely, if simple congestion can produce convulsion, it is at such a time we should expect it. But such is not always the fact. The patient is often seized even before labor has commenced, or in the first stage when the circulation is undisturbed, and there is as yet no excessive cerebral vascularity; and again, she may pass through the ordeal of the second stage unharmed, and be seized with the fits after the labor is concluded.

Does not this fact alone sufficiently refute the generally received opinion that congestion of the brain is the chief cause?

If congestion of the brain is the principal agent in the production of eclampsia, how can we explain this undisputed fact, that eclampsia occurs both before and after the most enormous congestion of that organ as frequently as during such congestion? Because engorgement of the vessels of the head is a constant symptom of the fit, it is not proof that it is the cause of the fit. Because after death from convulsion, sanguineous and serous effusion into the ventricles and between the membranes is found, it is not proof that such effusion was the cause of the convulsion. It is much more probable that both the engorgement and the effusion are in most cases results,—consequences of the disease,—and not the cause. Looking from another point of view, congestion of the brain is precisely what might be anticipated as an effect of the fit. During the attack almost every condition exists that would of the most inevitable necessity produce distension of the cerebral vessels and effusion. The fact is, gentlemen, observers have been looking through the wrong end of the glass; they have seen every object distinctly, but they have misinterpreted them.

In stating the case thus strongly, however, I do not wish to be understood as saying that congestion and effusion are never the cause of convulsion; on the contrary, I believe that sometimes they are the cause. Now to illustrate exactly my idea I will suppose two instances. If during the fierce exertions of the propulsive stage of labor, rupture of a blood-vessel occurs, producing by the effusion counter-pressure upon the medulla oblongata, and as a consequence convulsions, the cause must undoubtedly be ascribed to the effusion. But if the patient is thrown into convulsion by irritation of the os uteri, and during the fit, rupture of a blood-vessel occurs with effusion into the

brain, although after death precisely the same amount of coagula is found, and even in the same locality, the diagnosis of the two cases is vastly different. In the first case the coagula must be considered the cause, in the second only the effect, of the disease. I find a case in my note-book interesting in this connection, as illustrating some of the above remarks. It is as follows :

August 12th, 1855, I was called early in the morning to see Mrs. S., forty years of age, about to be confined with her tenth child. Her travail was tedious during the day, but in the evening the pains became more energetic, and about nine o'clock P. M. she was delivered of a healthy child, attended with considerable though not excessive hemorrhage. Nothing unusual occurred for more than a week, excepting a headache, which she said she had suffered during the last twelve months. As she said that her former attendants had told her it was neuralgic, and as it was not unusually severe, I did not investigate it nor prescribe especially for it. Her lochia continued about ten days in normal quantity and color. Her milk began to be secreted on the third day, but not so abundant as usual, and gradually diminished. On the 22d, ten days after confinement, her family congratulated themselves on her improvement because she slept quietly and did not complain of headache; but in the evening they became alarmed, because they discovered she could talk only with difficulty, and that her right arm was partially paralyzed. I was immediately called, and found her with almost complete facial palsy upon the right side, and scarcely able to raise the right hand to her face; her leg was not as yet affected. Her speech was imperfect, but her mind was clear. These symptoms increased, attended with slight convulsive action gradually growing more violent, until the next day between eleven and twelve o'clock, when she died.

Post Mort., twenty-four hours after death, thorax and abdomen entirely normal. Calvarium was very thick; on removing it found considerable serum; blood-vessels all filled with blood. Upon laying open the cerebrum upon the left side, found a coagulum of blood near the centre as large as a goose egg. The structure of the brain was softened all about it for more than half an inch. There was evidence that the coagulum had existed a considerable length of time; in all probability had been there prior to her confinement. It is rare indeed that we meet with an instance in which a protracted and tedious labor is combined with such extensive lesion of the brain,—neither condition appearing to have any relation to the other. It is very instructive, too, illustrating fully the fact that so long as the disease is confined to the brain, convulsion can not be a consequence, even though attended

by the exciting cause of severe labor. It is of interest, too, in regard to the teachings of the old authors. According to them, here was every condition fulfilled requisite for the development of puerperal convulsions. But instead, she suffered a severe and protracted labor without any symptoms of them. On the contrary, the first indication of disease of the nervous system was paralysis, the legitimate effect of disease of the brain. And not until the increase of the cranial contents produced counter pressure upon the upper portion of the intervertebral system did convulsions occur.

Seeing, then, the error of locating the disease in the brain, and adopting the theory of Marshall Hall that the excito-motory division of the nervous system is the true and only centre of convulsive action, it follows that the causes must be such as act immediately upon that central organ, or such as are transmitted to it from the extremities of the excito-motor nerves. The first class he denominates the centric causes, the other the eccentric.

Among the centric causes, or those which act directly upon the spinal marrow, may be mentioned, alteration in the *quantity*, or in the *quality* of the blood. And there is also good reason for supposing that *sudden emotion* is direct in its influence upon the spinal centre, although the anatomical mechanism of its operation is as yet wholly inexplicable.

That an excessive quantity of blood in the vessels of the spinal column is a powerful excitant of that organ, scarcely admits of doubt. The pathological effect of active congestion is almost always stimulant, and the full distension of the vessels, whether producing rupture or not, would create pressure, which incontestible experiment has proved to be an infallible excitant of spinal action. In like manner, congestion or extravasation within the cranium, by filling a portion of the space within this unyielding bony cavity, creates a counter pressure upon the medulla oblongata and the superior extremity of the intervertebral column, and again we have convulsion, the active symptom of spinal irritation. So, too, the growth of a tumor, or any disease capable of producing internal pressure within the brain, would cause the same result. If, then, plethora is a spinal irritant, on the other hand, the opposite condition, spinal anæmia, is an equally powerful irritant. We see constant illustrations of this in deaths from hemorrhage, which are generally attended by convulsions; and animals bled to death either in experiments or at the shambles always have convulsions. It appears, then, that any great alteration in the *quantity* of the blood, whether it be an excess or deficiency, is a cause of

convulsion. This is a significant fact in reference to treatment. Recent and more accurate observation goes to show that a change in the *quality* of the blood is an important element in the etiology of this disease.

Pregnancy, in its progress bringing into action new functions, and affecting temporarily the whole economy of the system, creates in general a tendency to an altered condition of the vital fluid in the relative proportion of its elements. This alteration consists essentially in a diminution of the solid constituents. Sometimes the corpuscles are diminished, producing chlorosis and its attendant train; sometimes the albumen is eliminated: indeed, this latter change is so constantly true of the pregnant woman that it may almost be considered the physiological condition. Now if to this tendency are added the prostrating influences of deficient nutrition, destitution, cold and dampness, combined with the depressing passions, this seemingly physiological state passes readily and gradually into the pathological, and there is established the incipient stage of that disease which in its full development is granular nephritis, or Bright's disease. The vigilance of modern researches has detected what escaped the notice of the older pathologists, that in almost every case of true eclampsia, the blood is found deficient in albumen, while the urine is highly charged with it.

"The presence of albumen in the urine of eclamptic women," says Cazeaux, "is a very remarkable coincidence, which is at present well determined by the observations of many physicians; and it evidently seems to be the dominant fact in the etiology of puerperal convulsions." Albuminurea being so constant in cases of eclampsia, the inference is irresistible that there is a relation more or less intimate of cause and effect between the two facts. For since attention has been fixed upon this point, convulsions have occurred in those only who have been affected with albuminurea. The exceptional cases are rare, if any.

It is an old remark that œdema of the face and neck is a frequent premonitory sign of the attack; and it is now a well established fact that this general œdema of the upper extremities is almost always connected with an alteration of the urinary secretion, and is one of the most constant symptoms of albuminurea.

Nor is the hypothesis, that the diminution of albumen in the blood and albuminurea are necessary conditions of eclampsia, at all inconsistent with the fact that seven-eighths of the cases of eclampsia have occurred in primiparous women. Because, in first pregnancies, the

greater resistance of the abdominal parietes causes the uterus to be more strongly applied to the posterior walls of the abdomen, compressing the venal vein, causing congestion of the kidneys, obstructing the venous circulation and forming a mechanical obstacle to the regular fulfillment of the functions of the neighboring organs, and thus bringing about the very organic conditions most favorable to the production of albuminurea. So, also, women affected with rachitis are more liable to convulsions, because of their deformity and the limited space within the pelvis. The necessary compression that attends the development of the uterus disposes to the same result. Hence it would appear from constant concurrence of albuminurea and eclampsia, that the altered state of the blood (which is a necessary consequence of long continued albuminurea) is a direct irritant of the spinal axis, or, if not the sole excitant of the spasm, renders that organ more susceptible to the influences which reach it from other sources.

It is not the design of this paper to enter into all the minor causes which act directly upon the central organ, and we will pass at once to the consideration of the more important remedies indicated in the removal of the causes mentioned.

First on the list, after the example of all writers, I will speak of blood-letting. Blood-letting is in the great majority of cases most urgently indicated, not only to relieve the blood-vessels of the brain, which would seem to be the chief reason urged by authors above quoted, but also and especially because of its sedative action on the spinal system, which is the true seat of puerperal convulsion. I say the majority of cases, because there is almost always great vascular fullness, a plethoric condition of the system, and it is in this condition that blood-letting is the most positive and decided sedative of spinal action that we possess. And this is a point which should be most distinctly understood, that blood-letting acts in two ways, one curative in its effects on the spinal column, the other preservative in relation to the brain.

In fullness of the vascular system, then, blood-letting beside diminishing the impressibility of the *central* organ by rendering it less susceptible to incident irritation, relieves also the surcharged condition of the cerebral vessels, obviates partially the immense pressure to which those vessels are subjected during the fits, diminishes the danger of rupture and effusion, and removes the counter pressure upon the medulla oblongata. It is because of these prompt and marked effects that the remedy has been so uniformly recommended and

practiced in all cases. But while it is often a sufficient remedy for simple convulsions, depending on a turgid state of the circulation, great discrimination and careful judgment are requisite, not only in limiting it within safe bounds, and in detecting indications for other treatment, but also for determining whether in some cases it will not be injurious instead of curative. If blood-letting is indicated for the reasons which have been mentioned, it is perfectly evident that it is contra-indicated, and would prove extremely dangerous, in cases where those reasons do not exist; that is, in delicate anæmic women, copious depletion would be an additional cause of convulsion, because, as has been shown, deficiency of blood is an irritant of spinal action. It is, however, too much the fact that the constant teaching of the books, combined with the absence of positive knowledge of the true seat and etiology of the disease, has led to the blind and indiscriminate routine of bleeding every poor patient perchance to,—I had almost said to death,—or perchance to life, as chance alone decides, the chief guide of practice being the continuation or cessation of the fits.

Says Dr. Meigs: "If I were treating a woman in labor seized with the true puerperal convulsion I should *certainly* bleed her, provided the convulsion did not cease before I could effect my purpose, and should I in such case open the vein, I should surely allow the stream to flow as long as any convulsive innervations were left unquelled. Provided they should return again, I should bleed her a second time, and allow the blood to flow until the spasmodic and convulsive phenomena should have again disappeared."

Even so judicious a practitioner as Dr. Robert Gooch declares that "bleeding is our sheet-anchor in *whatever class* of patients the disease may occur; and that he never had a patient die of the disease where bleeding had been boldly employed."

Bleed is the rule, absolute and imperative,—bleed,—bleed,—no matter what the condition of the patient. No effort is directed to discover any cause of spinal irritation, which should be removed; the patient has fits; therefore bleed her. No matter if the stomach is loaded with indigestible food, or the bowels with hardened fæces. No matter if the bladder is distended to bursting. No matter what the state of the uterus, or what the condition of the vascular system, the rule is still arbitrary,—bleed boldly and fearlessly. Now this is rank and rash empiricism, and in the present state of physiological knowledge, inexcusable. And yet there can be no doubt that many practitioners, influenced by the teachings of the books, have carried depletion to a fatal excess, and even practiced it when it ought to have

been altogether avoided. It can not be questioned that if carried beyond proper limits, blood-letting is itself a cause of convulsions. Dr. Marshall Hall says, convulsion from loss of blood constitutes one species of puerperal convulsion, and should be accurately distinguished from other forms of this affection, arising from intestinal or uterine irritation, and an immediate disease of the head. (On Blood-letting, p. 17.)

It would appear, then, that after the circulation is reduced, either by proper depletion or from other causes, to somewhat below par, blood-letting acts no longer as a sedative, but becomes itself a most certain irritant of the spinal system. The *continuance* of convulsions, therefore, is not a reliable indication for further bleeding; but the state of the circulation in the interval of the fits, is the only proper criterion, regard being had to the different effects of an engorged and an empty state of the spinal vessels.

The dilatation of the glottis, by exciting an inspiration, although apparently trivial, is of no mean importance in its effect. Dr. M. Hall thinks that in all cases of true convulsion the glottis is wholly or partially closed, the effect of which is to increase both the cerebral and spinal congestion. There are several cases recorded where this simple expedient has prevented the convulsions. It is well known that the sudden shock of a dash of cold water in the face, by its reflex action upon the respiratory muscles will cause an involuntary inspiration, thus opening the glottis and relieving congestion. Denman gives the history of a lady, whose every pain was attended by a convulsion; but, by sprinkling the face with cold water at the beginning of each contraction, he prevented the convulsions during the rest of the labor. So simple a remedy can do no harm, and even if it does not prevent a convulsion it takes off a great amount of vascular pressure from the nervous centres, and lessens the amount of venous blood in the system every time it uncloses the glottis.

Among other remedies which are directly sedative to the nervous centres, an important one is the application of cold. When applied in a continued stream to the head, it lessens the distended state of the cerebral circulation, and relieves the counter pressure upon the inter-cranial portion of the spinal system. In the form of the douche it would tend to excite an inspiration and thus dilate the glottis. When applied along the spine it should be continuous, because the intermittent application excites instead of allays spinal action.

Of the narcotics, I shall only speak of opium. This drug has been more used than any other medicament, and yet authors exhibit the

greatest discrepancy of opinion as to the effect of it. The point of most importance in this connection is, if it be an irritant or a sedative of the excito-motory division of the nervous system. The heroic doses that have been given time and again in tetanus and hydrophobia, the purest forms of morbid spinal action, without in the least degree allaying spasm, would seem to prove that it is not a sedative of that portion of the nervous system. And there is reason to believe that it is generally a direct irritant. In poisoning by opium, especially children, convulsions occur as one of its most common toxicological effects. In amphibious animals it is a powerful spinal stimulant. When they are narcotized the slightest irritation of the surface produces universal convulsions, showing that narcotism exalts the excito-motor system to the most intense degree. Although it is evident that these effects are not so marked in man. Dr. Tyler Smith has written so well and clearly on this point, that I shall be excused for using his words. He says: "Some striking distinctions must be made respecting the administration of opium under different circumstances, particularly in puerperal convulsions. If a dose of opium be given in this disease in a full state of the circulation, before bleeding, there is an aggravation of the disorder; while if it be in puerperal convulsions in an anæmic subject, or after excessive depletion, it is of great service. If in a case of convulsions, opium be given at the commencement, it is dangerous in its effects; but the same medicine is frequently valuable in the advanced stage of the same case when the vascular system has been powerfully depleted. Thus it would appear evident that in convulsions with a full state of the circulation, opium is a *stimulant* of the spinal marrow, while in convulsions with anæmia it is distinctly *sedative*. It is certainly an important point in practice that the effects of opium in puerperal convulsions depend on the state of the circulation; that in plethora or inflammatory conditions it is always dangerous, while in anæmia and debility it may always be used beneficially."

My paper has already reached such a length that I will pass over other remedial agents, acting upon the central organ, to remove centric causes, and briefly allude to the eccentric causes of the disease and the remedial indications connected with them. These causes are such as to take effect upon the peripheral extremities of the incident excitor nerves, and of course relate to organs at a distance from the nervous centres,—such as the stomach, the rectum, the bladder, the uterus and the vagina. The irritation in these cases being transmitted to the central organ, and causing convulsion by reflex action.

Numerous instances attest the fact that large accumulations in the stomach or intestines, whether of food, or feces, or worms, or foreign bodies, excite the disease in this way. The removal of these offending substances is obviously demanded where they are known to exist. But the manner in which it should be accomplished is important. There can be but little difference between irritant drugs and irritant feces, and yet the most drastic purgatives are unceremoniously exhibited, which too often is only to change one cause of irritation for another. The prolonged effect of powerful cathartics upon the surface of the intestines already irritated to the highest intensity, must be any thing but favorable. It is but fair to presume that copious injections of simple water, would be quite as effectual and vastly safer, inasmuch as they are more rapid in their effect and do not remain to fret the bowels after their mission is accomplished. Their action might be assisted if necessary by the addition of castor oil or turpentine. If indigestible food, or an overloaded stomach excite the fits, an emetic of the sulphate of zinc should be administered. If the subject however is plethoric, venesection should precede the emetic, on account of the increased distension of the cerebral vessels in the effort of vomiting.

Mr. Vines mentions a case of convulsions which after resisting for two days all the usual remedies, including delivery, ceased immediately upon withdrawing from the bladder five and a half pints of turbid and highly ammoniacal urine. This case shows the necessity of attention to that organ. But it is in the uterus and uterine passages that reflex irritation acts most energetically and with the greatest intensity. The discussion of this particular branch of the subject is sufficient of itself for a lengthy dissertation. The various questions of treatment which arise in different conditions of that viscus and its contents, relating to delivery, and the preferable methods of it, are deeply interesting, but the limits of this paper will not permit me to enter upon them. I will content myself with giving a general principle, in regard to the propriety of assisting delivery, based upon the theory of reflex action. The rule is this: if the condition of the mother is perilous, and the continuance of the child in the uterus or passages is productive of more irritation than would be occasioned by manual or instrumental interference, then artificial delivery should be resorted to. I am aware that this rule is indefinite because the conditions upon which it rests are only approximations. The amount of irritation in either case not being constant quantities, an accurate comparison can not be made. Nor is it possible to lay down a definite rule applicable

to all cases, the peculiarities of each case being such that no one rule can cover them.

Of the prophylactic treatment of this disease, gentlemen, I have made no mention. It can scarcely be doubted that there is some alteration of the general economy, which predisposes the puerperal patient to eclampsia, and without which the various exciting causes which I have named would fail of that result. But the pathology of this stage of the disease is so barren of facts that little that is definite and positive can be said about it. If the constant investigations which are illuminating this department of the subject should confirm the theory respecting albuminurea, it may possibly lead to the discovery of some treatment which in that early stage may be more successful than it has proved in other conditions of albuminurea. It would be a boon indeed to obstetrical science, if a disease so terrible and disastrous could be detected in its approaches in time for prophylactic measures to be used with certainty.

If, gentlemen, in the cursory review of this subject, I have succeeded in arousing afresh your interest, and stimulated you to seek from better sources more light upon it, I have done all I aimed to do; and have thereby perhaps contributed my mite to the cause of humanity, by putting you in the way of better preparation to contend with this formidable enemy which commits its ravages only upon the fairest of creation.

C. A. LINDSLEY.

NEW HAVEN, May, 1858.

A SKETCH OF HUMAN EMBRYOLOGY,

Read before the New Haven County Medical Society, April 8, 1858.

BY CHAS. L. IVES, M. D., OF NEW HAVEN.

To instruct, or to interest should be the aim of an Essay presented to this Society. The former is not within the province, nor often the ability, of a Junior in the Profession; the latter is the more appropriate object of his endeavor. With this view, I have selected a topic of but little practical value, and yet one, I conceive, of unusual interest to all. I propose to lay before you, briefly, the Development of the Human Embryo.*

Omne vivum ex ovo—that every living thing comes from an egg is a maxim of Physiology now universally received. Where do we find the egg to which Man may trace his origin?

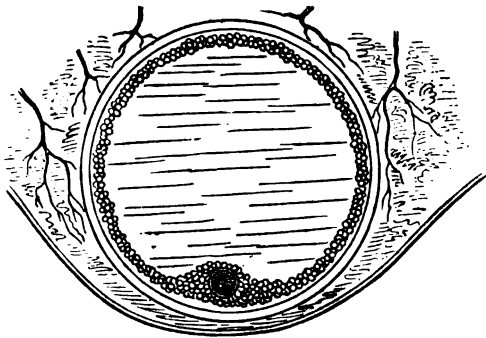
Down within the ovary of a human female is an almost imperceptible cyst. It has lain there in quiet, perhaps for years. But the vital force, so long dormant, at last arouses it to action. It begins to enlarge, new forms appear in its interior, it gradually makes its way outward. Reaching, at length, the surface of the ovary, the cyst bursts, and its contents are discharged. A minute vesicle, invisible save to the microscope, is thus set free, and falls into the embrace of the Fallopian tube. Carried down this channel by peristaltic and ciliary action, it enters, and slowly traversing the uterus, is finally, with the secretion of that organ, cast out and lost—an aborted ovum.

Another month rolls by; another cyst matures, is ruptured, and exudes the vesicle it enclosed. More fortunate than its predecessor,

* In submitting this paper to publication, the writer desires to disclaim any pretension to originality. His only endeavor has been to present to his brethren of the County Society, a simple, concise, and at the same time intelligible account of the more prominent points of Human Embryology, which require, for their comprehension, a patient study of details in the larger Physiological Works.

this vesicle, ere it commences its journey, encounters certain spermatozoa, which have found their way hither after recent intercourse. From these ciliated cells, which are believed to pass in bodily form into the interior of the ovum, the peculiar element of the male is received, and thus the act of impregnation is mysteriously consummated. The ovum is now complete, the egg has been fecundated. Although unchanged in outward form, there has been implanted within a principle of progressive life. In this minute vesicle may now be found the germ we seek. Henceforth, under favoring circumstances, it undergoes a development of surpassing interest and importance; from which, at length, there emerges upon the world, a being of that race which originally was created in the image of its Maker.

Let us now review our steps. That enlarging cyst within the ovary is a *Graafian follicle*, so called, attaining when ruptured an average diameter of the sixth of an inch. It consists of a fibrous membrane, enclosing a clear yellowish fluid. At maturity, this envelope is lined everywhere on its interior by an epithelial layer of cells. About the point nearest the surface of the ovary, where the subsequent rupture occurs, these cells are accumulated into an eminence looking inward, embedded within which is *the Ovum*.



(After Coste.) Section of mature Graafian follicle, within tissue of the ovary, showing the ovum embedded in epithelial layer of cells.

This is a spherical vesicle 1-120 inch in diameter, with a transparent membranous envelope of unusual thickness. The opaque yelk-mass, partly fluid, partly granular in its interior, contains a nucleated cell known as the *geminal vesicle*, or germ cell, which is present in the ova of all animals, and is the portion earliest developed. As the ovum escapes from the Graafian follicle, it carries with it the adherent cells forming

the eminence, which, however, are soon detached, leaving the exterior round and smooth. Upon this there is deposited, during its passage through the Fallopian tube, a gelatinous layer secreted from the inner lining of that canal, and overlying this there is formed from the same source a fibrous membrane, the *Chorion*. A deposit of carbonate of lime upon the outer layer of the chorion, forms the eggshells of birds. But in mammals the chorion acquires a shaggy coat of villous projections, through which nutriment is absorbed until the completion of the Placenta.*

Arrived at the uterus, the ovum finds extraordinary preparations made for its reception. The mucus membrane of that organ is greatly thickened, its tubular glands enlarged, its blood vessels increased. To this hypertrophied mucus membrane, the name of *Decidua*, or the deciduous coat, is given, because it is shed with the product of each conception, being renewed shortly after. Into this spongy bed the ovum falls, and the luxuriant *Decidua*, apparently receiving a new impulse from its presence, sprouts up around and finally completely envelopes it; the portion thus growing over it being known as the *Decidua Reflexa*; while that remaining between the ovum and the muscular wall of the uterus, and elsewhere lining its interior, is styled the *Decidua Vera*. With the increase of the ovum, the *Decidua Reflexa* is carried nearer to the *Decidua Vera* of the opposite uterine surfaces, till, about the close of the third month, the two come in contact. It should be remarked that the mucous membrane of the *Cervix* takes no part in forming the *Decidua*, although its follicles enlarge and secrete the mucous plug which closes the *Cervix* during pregnancy.

Having now deposited the egg in its nest for a nine month's incubation, let us give our attention to the changes that are already transpiring in its interior.

That germinal vesicle, the germ cell constituting the nucleus of the ovum has, in some way not yet understood, disappeared. In its stead, we find another, called an *embryo cell*, which soon divides into two cells; these two, by a similar bisection, become four; these four, eight,

* It should be borne in mind that the yolk of the bird's egg, beside the small portion which alone is formative, is mainly composed of nutriment, stored up for the embryonic life of the individual. Indeed, in the earliest stages of the ovarian development of these ova, the germinal portion is temporarily collected within a spherical membrane, (presenting thus an analogue of the Mammalian ovum,) and upon this the nutritive portion is superadded. It would seem then, that the Graafian follicle of the mammalian, with its contents, is the strict analogue of the whole ovarian ovum of the bird.

and so on, till, by a repeated subdivision, an indefinite number of such cells have been produced. At the same time a like process of cleavage goes on in the yolk. Each of the newly formed embryo cells now draws about it a segment of the divided yolk, and around this a membrane forming, we have thus a complete cell of which the embryo cell now enclosed becomes the nucleus. This process goes on till the bulk of the ovum has been resolved into a mass of such cells. These cells, as formed, pass forthwith towards the exterior of the ovum, (a clear yellowish fluid being left within,) and there unite to form a spherical membrane, called the *germinal membrane*.*

Observe now the relation of parts. Beginning at the center, the constituents of the ovum are, first, the fluid yolk, directly enclosing which is this germinal membrane; exterior to which, though with a slight interval caused by the shrinking of the consolidated yolk, is the original envelope of the ovum; then comes the albuminous envelope acquired in the Fallopian tube; and outside of all, the shaggy chorion.

The germinal membrane soon divides into concentric layers, three in number. First, the *exterior or serous* layer, in which are developed the bones, the muscles and nerves. Second, the *middle or vascular* layer, in which the blood vessels are developed. Third, the *innermost or mucous* layer, in which is developed the nutritive apparatus.

Watching the course of embryonic development, we soon learn that a primary step in the formation of any structure seems to be a thickening or clustering together of cells, at the point where the structure is to appear. Accordingly, we find in the germinal membrane, at one portion, a dark, roundish spot, extending through all three layers, which is caused by an accumulation of opaque cells. This thickened portion is denominated *area germinativa*, the germinal area, because within it the first appearance of the germ is detected. The center of this dark spot soon clears up, and to this transparent portion is given the name *area pellucida*. Outside of the pellucid area a circular margin of opacity still remaining is called *area vasculosa*, from the

* The segmentation of the yolk may be otherwise, perhaps more simply explained without the intervention of the first mentioned embryo cell. As from parent cells a progeny of young cells, developed in their interior, are brought forth, so the elementary granules, within the germinal vesicle, developed into mature cells, may rupture their envelope and be scattered over the yolk. And, in the segmentation of the yolk then ensuing, each may directly become a nucleus of the compound cells which go to make up the germinal membrane.

fact that here the first blood vessels originate, within the middle of the three layers of the germinal membrane.

It may be premised that the embryo is developed with its back to the exterior of the ovum, its front aspect presenting internally, and we may perhaps refer to these relations, before that, according to the use of the term in the outer world, the youngster can properly be said to have a backside.



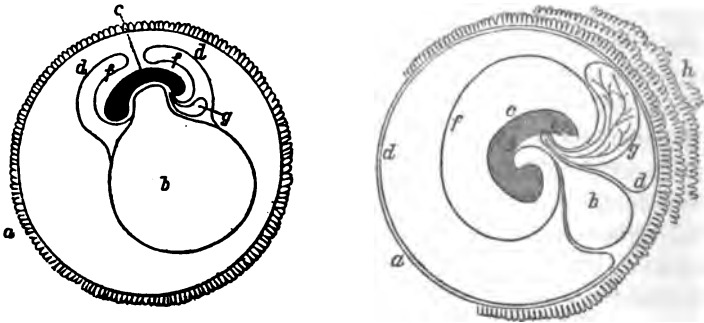
Exterior view of the Germinal Membrane, showing the Area Pellucida surrounded by the more opaque Area Vasculosa. In the center of the former is seen the germ.

The first appearance of the embryo is in the center of the area pellucida, within the external layer of the germinal membrane. It consists of two straight, parallel elevations or thickenings of this layer, called the *dorsal laminæ*, between which is a shallow groove, known as the primitive trace. The dorsal laminæ, by a continued accumulation of cells, gradually sprout, as it were, upward for a little way from the surface of the germinal membrane, and approaching each other, finally unite over the groove, so as to convert it into a tube. Within this tube is laid the brain and spinal cord. By a precisely similar process in the mucous or innermost layer of the germinal membrane, thickening, sprouting out, (in this case towards the center of the ovum,) and arching together, a simple tube is in like manner formed in opposition to the tube just described in the serous layer, from which it is separated by the intervening vascular layer. This is the rudiment of the alimentary canal. The dorsal laminæ, (the thickened portion of the serous layer,) now send prolongations inward, in the same manner as, though in an exactly opposite direction to, those before sent outward. These dipping down into the yolk, puckering the germinal membrane on each side into a fissure or fold, approach each other and finally unite around the rudimentary intestine in the central line of the front of the body. The vascular or middle layer, from its position beneath the serous, is carried around with it to the

line of junction, and it is through this layer, in the linea alba, that the blood vessels pass out temporarily to the yolk, and afterward to the Placenta.

Look now at this rudiment of a fetus,—two closed, nearly straight tubes, lying one above the other, upon the exterior of the yolk sac ; the outer, the spinal canal, formed of the serous layer of the germinal membrane ; the inner, the alimentary canal, formed of the internal or mucous layer, but with an investiture of the vascular and serous layers embracing it. The yolk, by the junction in the linea alba of the two inner processes of the dorsal laminæ has been pinched off from the hitherto open abdomen of the germ. To this yolk sac, the walls of which are, of course, the germinal membrane originally investing it, the name of *umbilical vesicle* has been given. It gradually disappears as its contents are absorbed for the nutrition of the germ.

But we have now to record still another formation from the serous layer, caused by the same process of elevation and arching to a junction.



(From Carpenter.) Diagrams of Ovum, in different stages of the formation of Amnion ; a, Chorion ; b, yolk enclosed by germinal membrane ; c, embryo ; d, external, f, internal folds of the serous layer forming the Amnion ; g, Allantois ; h, villi collecting into Placenta.

This layer rises up in a double fold on each side of the germ. Retaining still their membranous character, the folds from each side at length come into apposition over the back of the embryo. By an absorption of the line of contact, the exterior layer of one side joining with the exterior of the opposite, and the interior with its fellow, two separate concentric membranes are thus formed around the germ.

The outer envelope expanding in both directions from its points of attachment beside the germ, its advancing line forming a curve from

the yelk to the chorion, invests the inner aspect of the chorion, and at the same time the outside of the yelk sac. But these prolongations traveling around the yelk, at length meet on the side opposite to the germ. An absorption here again occurs in the line of union, separating the membrane thus into two portions, the one, as before explained, lining the inside of the chorion, the other, the outside of the yelk sac. Into the space thus vacated between the yelk sac and the chorion, the interior membrane in like manner advances to pursue the same development; but its external portion, failing to attach itself to the chorion, becomes a separate investing membrane to the ovum, and is known as the *Amnion*; while the inner portion forms an additional envelope to the yelk.

Up to this time the embryo has been nourished by direct absorption; but a more speedy and extensive distribution of nutriment from the yelk to the growing tissues is now required. To supply this need blood vessels are created. Their first appearance is within that margin of opacity bounding the pellucid space, denominated the vascular area; in the middle, the vascular layer of the germinal membrane. The first blood discs are thought to be the nuclei of cells, which unite end to end to form the first vessels.

Blood is first observed as fine points in the vascular area, which are soon united by delicate channels. These minute capillaries empty into a larger circular sinus, bounding the vascular area, which with its tributary capillaries gradually extends over the whole yelk sac. From this sinus the blood is carried into the embryonic system, for the researches of Von Baer prove that the first motion of the blood is *towards* the heart. The first vessels are therefore veins, whose formation succeeds that of the blood, which itself is formed, as you perceive, in the germinal membrane investing the yelk, and outside of the body proper of the embryo. The blood, in this way sent into the system, passes to the embryonic heart, and is returned by arteries, which thus complete the circuit.

But the supply of nutriment in the human yelk is exceedingly limited, and more permanent provisions are soon required. It is also requisite to depurate the blood, circulating through the growing tissues, of the carbon with which it is fast becoming charged. The function of respiration, therefore, is at this early day to be provided for.

To meet these wants an offset from the intestinal tube is observed sprouting outwards near the caudal extremity of the embryo, between the inner and outer amniotic folds of the serous layer. It is a hollow

vesicle known as the *Allantois*, which, before the amnion has completely invested the yolk and the embryo, continues its growth outwards till it reaches the chorion. Upon its parietes are extensive ramifications of blood vessels, afterwards known as the umbilical arteries and veins. In the ovum of birds, the allantois becomes a highly vascular, permanent membrane, spreading itself along under the chorion, till the whole egg is invested. Acting in the place of fetal lungs, it presents the carbonized blood to the influence of the atmospheric air, which transudes through the porous shell. In mammals, on the other hand, it serves a temporary purpose of acting as a ladder, or rather an elongating balloon, by which the umbilical vessels may climb to the placenta or fetal lungs of this class. Soon after the portion exterior to the body dwindles away to a mere cord, scarce detectible among the other constituents of the umbilical cord. But the portion within the abdomen is retained to serve an important purpose. It becomes the urinary bladder, and the remains of the allantois, as it passed out, are still to be discerned in the urachus, or suspensory ligament of the bladder, which connects that organ with the umbilicus.

By this time, the umbilical vesicle, with its circulatory system, has disappeared, and the fetus is now nourished entirely from the *Placenta*. To form this organ, the villi, by which the chorion is invested, are multiplied and enlarged in that portion to which the umbilical vessels ascend, and by capillaries of the latter, are plentifully supplied with fetal blood. These villi extend into the follicles of the decidua, whose hypertrophied veins form sinuses of considerable size. By the lining membrane of these sinuses, the protruding villi are enveloped, in the same way as the intestines are covered by the reflected peritoneum; in which illustration the abdominal cavity would represent the cavity of a sinus. In this cavity then, the fringing surface of the villus, with its interior capillaries, lies bathed in a current of maternal blood. So that the placenta is composed of a fetal and a maternal portion, closely enfolding each other, between which, however, none but an endosmotic communication exists, as is shown by the differing size of the blood discs in the two circulations.

Let us now study the arrangement of vessels by which the fetal circulation is henceforth carried on. To go back a little. The heart, whose formation is subsequent to, and distinct from that of the blood, is developed from a mass of cells, of which those in the interior liquify to form a cavity. It is originally a simple, straight tube, extending nearly the whole length of the embryo, its posterior portion

being the auricular, where, from the first, prolongations are observed to meet the veins coming in from the vascular area. From the anterior portion arteries are given off. At this stage the heart presents the type found in the Articulata, to which the insect tribe belong. Soon a constriction near the middle divides the dilating auricle and ventricle, between whose hitherto synchronous pulsations a slight interval is now detected. Gradually, in the ventricular portion, the tube bends completely upon itself, the resulting angle forming the heart's apex. We have now the heart of the fish, a single auricle, a single ventricle and one aorta, at whose origin we find a dilatation, the bulbous arteriosus of that class. Ere long a septum divides the entire heart into two distinct organs; an opening, the foramen ovale, remaining, however, between the auricles till after the close of fetal life.

Trace up now the single aorta. Passing along the neck in front of the developing trachea, it gives off at regular intervals, four or five horizontal branches to each side. These, at the same interval, empty themselves into two systemic aortas, which pass down one on each side of the pharynx and converge to a junction near the last dorsal vertebræ. An analogue to the permanent distribution in fishes, and which may be considered as the primary type for the Vertebrata. In fishes a further development of gills upon the horizontal arches takes place.

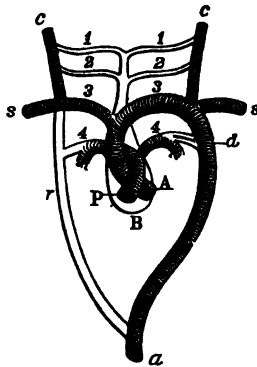


Diagram of the formation of the arterial trunks. A, ascending, a, descending aorta; B, bulbous arteriosus; c, c, carotids; s, s, subclavians; P, pulmonary artery; d, ductus arteriosus; 1, 2, 3, 4, first to fourth pair of arches; r, right systemic aorta, (obliterated.) Portions in outline are temporary; those shaded are permanent.

But in man, the uppermost pair dwindle away; so do the second. The third remain, and continued into the subclavians, supply the upper extremities. The fourth pair, on their way to the systemic

aortas, send branches to the lungs. The upper portion of the bulbous aorta, which gives off the first two pairs of arches, disappears with them down to the origin of the third arch. The systemic aortas, into which they emptied, still remain on both sides of the neck above the third arch, as branches of the latter, and, under the name of the carotids, supply the head. But on the right side, the systemic aorta below the third arch down to its junction with the other aorta becomes obliterated, and the left aorta is henceforth obliged to transmit all the blood sent to the lower extremities. It enlarges and becomes *the* descending aorta, being connected to the bulbous or ascending portion by the intervention of the third arch, which is now recognized as *the arch* of the aorta. As the carotids and subclavians arise from the third arch, we shall find them on the right separated from the aorta by the third arch, which anatomists call *arteria innominata*; but on the left we find them springing directly from the aorta, which as before explained, is itself the original third arch of that side.

But the septum between the ventricles of the heart enlarges, extends up into the bulbous aorta, dividing it into two tubes, which lie at first side by side, afterward bending somewhat around each other. The one continuous with the right ventricle is known as the pulmonary artery,—that with the left becomes the common, the ascending aorta. To the latter the third arches are attached,—from the former the pulmonary aorta, the fourth pair arise. The fourth arch of the right side, beyond the branch sent to the lungs, is obliterated with the old, right systemic aorta, so that its remaining portion is ramified simply upon the embryonic lung. The left fourth arch, on the other hand, till the close of the fetal life, continues to empty into the aorta. The part of it, however, between its pulmonary branch and the aorta, known as the ductus arteriosus, falls into disuse at birth, when the lungs assume their function, and is soon after obliterated.

From the hypogastrics, branches of the iliacs, the umbilical arteries, two in number, are sent off to the placenta. By them is conveyed the blood which is to be depurated by endosmotic exposure to the aerated blood of the mother, and which returning brings back nutriment for the developing fetus. Tracking the arterialized blood from the placenta through the single umbilical vein, we find it entering the abdomen, and passing into the portal vein, part is sent through the capillaries of the liver, ere long reaching the heart through the hepatic vein, while the rest by a short cut, the temporary ductus venosus into the hepatic vein, is carried direct to the heart. The red blood entering the right auricle from below, passes through its back part, being

directed by the Eustachian valve through the outer auricular opening into the left auricle. Thence through the left ventricle and ascending aorta it is distributed to the brain and the system at large. While the red blood is thus as it were stealthily conveyed through the right auricle, a current of black blood from the superior cava is pouring down in front of it, through the same auricle into the right ventricle; thence into the pulmonary aorta, which through the ductus arteriosus conveys it into the descending systemic aorta. So that below the ductus arteriosus the fluid in the aorta is a mixture of arterial and venous blood, while that sent off antecedently, supplying the brain and upper extremities, is purely arterial, or nearly so. An economical provision this, to furnish the more highly vitalized blood to the more important or first developed parts. It will be observed that practically during fetal life the ventricles act as one, throwing their blood each into the systemic aorta, although in different portions of it, thus bearing a resemblance to the reptilian type in which we have one ventricle and two auricles.

Veins corresponding to the so called cardinal veins of fishes follow the course of the spine, one on each side, which in extra-uterine life remain, as the jugular veins above, the azygos below, the heart. Of the two superior cava formed at first by them, as in lower animals, the left is obliterated, the blood from the jugular and azygos of that side being conveyed into the right by a transverse arch across the top of the thorax.

So much time has been spent upon the circulatory system that it will be impossible further than to allude to the remaining details of development. The transition from a simple, straight tube to the completed form of the Alimentary Canal is of a nature to be readily appreciated. The Liver, originating in a mass of cells in the wall of the intestine, is gradually evolved into a gland and carried further from its source, until the elongating and narrow attachment becomes the hepatic duct. The Lungs are similarly formed of two bud-like processes from the upper part of the alimentary canal.

In the development of the Urinary Apparatus we find the two kidneys preceded by temporary organs, the Wolffian bodies, which are permanent in the lower types of animals. These are highly vascular, though simple cæcal appendages, along a lengthened tube, which empties directly into the allantois. They shrivel away as the kidneys become developed, till at birth they are scarce discerned, being found in the male near the testes. The kidneys, which originate near the Wolffian bodies, are in no way connected with them

farther than that their excretory duct empties into that of the former organs. To the supra renal capsules, which surmount the kidneys, previous to the third month equalling them in size, no special interest attaches, unless it be because we know so little about them. The urinary bladder, formed as before explained, of the allantois, empties at first in common with the intestine into a cloaca, a fissure guarded by a sphincter, similar to the anus of oviparous Vertebrata. This, however, is soon partitioned off by septa, as we find it in the perfect fetus. The testis of the male, the ovary of the female, are originally formed in close connection with the kidneys, whence they descend to unequal distances, the testis reaching the scrotum generally about the ninth month. The efferent tube of the testis, at its upper extremity, forms a component part of that organ; while that of the ovary, the Fallopian tube, floats free in the abdomen, being attached to the gland only at intervals. The uterus is formed by the union of the lower extremity of the excretory ducts of the ovaries. In some of the inferior mammalia, where the union is not complete, the uterus is found horned, or even bifid through its entire length. In the male, the analogue of the uterus is found in the utriculus, or sinus pocularis, in the under side of the prostatic urethra, into which empty the vasa deferentia from the testes.

The development of the external generative arrangement is a subject presenting some curious points, which I can merely enumerate. Previous to the third month, the gender of the embryo is a matter of doubt. It can not be determined into the organs of which sex the rudiments already existing will resolve themselves. The germ-bearing gland near the kidney may become either testis or ovary. The nipple at the anterior portion of the anal fissure may be developed into an organ with glans, corpora cavernosa and spongiosum complete, or it may remain a clitoris, with those parts discernible, but still in a rudimentary state. Continued to its extremity, the canal from the bladder may form a lengthened urethra, or it may remain short and membranous. The fleshy prominences on each side of the anal fissure may be the labia, or uniting they may become receptacles for the testes, forming the scrotum with its well preserved line of junction. Indeed, the ovary has been found in the labium, which, during fetal life, communicates internally with the abdomen, and into which passes the round ligament, the correspondent of the gubernaculum testis of the other sex. But the problem yet remains unsolved,—“what decides the sexual character of these organs?”

The development of the osseous and nervous systems, presents many points of interest, but none of sufficient importance to warrant a further extension of the present paper.

And now, as briefly as possible, let me call attention to two or three lessons derived from a consideration of our subject. We learn that the process of development is from the general to the special, from the common type of the class to the peculiarities marking the individual. In the human embryo, we observe, as its earliest form, the common element of the animal Sub-kingdom to which it belongs, two simple tubes, the nervous cavity above, the digestive below. Upon this type-model of the Vertebrata are engrafted, first the distinctive features of the Mammalia, then those of the species, Man. The distribution of the arterial trunks is an interesting exemplification of special development from a general type. The archetype of the Vertebrata is composed of an ascending aorta, four or more horizontal, branchial arches, supplying two descending aortas, which soon coalesce into one. In the fish, its special development departs the least from the general type; gills are formed upon the arches. In the chick, its peculiar development, obliterating here, and there enlarging, brings out at last a descending aorta upon the right side, with the carotids and sub-clavians of both sides given off by a common branch from the aortic arch, while in man still another variation from the primitive form has been described.

But by no means is the assertion sustained, that the human embryo is carried forward, in its development, through all the lower forms of animal life, till it shall attain the higher and more perfect characteristics of its own species. It is true that in animals and in plants, life ever begins with a simple cell, similar in form though totally diverse in essence; but the moment that development has advanced to that degree that the human germ can be recognized as animal in its nature, then, in a nervous cavity separated from the digestive, it presents the essential feature which distinguishes the Vertebrata from the other divisions of the Animal Kingdom. It is true that in some of the details of development, in the structure of certain organs, the human embryo temporarily displays peculiarities of formation which are permanent in the lower organizations; but viewing it as an individual, we never find that vegetative repetition of similar parts, which characterizes the Radiata, never is it a mere bag of viscera to class it, for the time being, with the Mollusc, never a series of adhering joints to identify it with the Articulata; it is unquestionably, from the time any structure or shape is discernible, a vertebrated animal, it can be noth-

ing else. Nor are the distinguishing characteristics of the lower Vertebrata found in the human embryo. It is never a fish, a reptile, or a bird.

Again, we learn that cases of monstrosity, of malformations, will be caused by an arrest of development in any of the earlier stages of embryonic life. For instance, hare lip with cleft palate is but an imperfect junction of the forward processes of the dorsal laminae. Abnormal distribution of the great vessels will result from arrested development at any of the steps we have delineated. Cyanosis is caused by a failure to complete the valve which, after birth, closes the inter-auricular opening. Hermaphroditism, apparent though not real, since the gender depends upon the germ producing gland, will arise from an unusually developed clitoris, want of union of the scrotum, retained testes, and the like.

But while the study of embryonic development explains many of the more obscure phenomena of animal life, it teaches an important truth to the reflective mind. Though our investigations be ever so profound, though we scrutinize ever so zealously the beginning of the new life, to find the cause which sets in motion that primordial cell; though with utmost diligence we examine each succeeding step to discern not only how, but why progress is maintained; our search is unsuccessful, there is something we can not penetrate, an agency all pervading, which yet eludes our grasp. As we discover marks of design, and a unity of plan in all these mysterious unfoldings in that hidden chamber of the animal organism; as we behold blind, unthinking matter hastening to obey a law itself could never have framed, we feel that we stand in the presence of a Being who speaks—and it is done. We can not see Him, our physical senses reach not His spiritual essence, yet, "His invisible things, even His Eternal Power and Godhead, are clearly perceived, being understood by the things that He has made."

And, while we study these progressive developments, we may derive an inference, which Revelation teaches as a truth. A further development, a still higher grade of Life, is in the Future to be attained by every one of us. These frail wasting bodies, these restless, ever changing frames of ours, are to experience yet one change more, before whose wonders all that precedes is not to be thought of. Not the gradual process of months or years of development, no intervention of second causes, but "in a moment, in the twinkling of an eye, the dead shall be raised incorruptible, and we shall be changed. For this corruptible must put on incorruption, and this mortal must put on immortality."

THE SURGICAL DISEASES OF THE RECTUM.

*Dissertation read before the New London County Medical Society,
April 8th, 1858.*

BY L. S. FADDOCK, M. D., NORWICH.

GENTLEMEN:—It is my purpose to consider the Surgical Diseases of the Rectum. But in selecting this subject for consideration, I do not flatter myself that I shall be able to present anything new to you, but rather to refresh your minds on a subject, which general professional practice may have caused a partial forgetfulness of, and to satisfy myself on some points which before were not clearly understood. I shall confine myself strictly to the surgical *treatment* of this class of diseases, purposely omitting the more minute mention of symptoms, &c., for the limits of a single paper will not permit it; and for a similar reason, I can not mention all the minutiae of the operations. Also, I shall quote frequently from different authors, whose names are familiar to you, but whose views are not fully discussed in our usual text-books. May I ask your indulgence, therefore, if much of what I offer should prove to be already very familiar to you.

For the more perfect understanding of what follows, an accurate knowledge of the anatomy of the rectum and contiguous parts is quite necessary. The portion of intestine bearing this name, commences opposite the lowest surface of the last lumbræ vertebra, connecting with the sigmoid flexure of the colon above, and terminating with the anus below; following in its course the curve, and generally the median line of the posterior portion of the sacrum. It lies exterior to the peritoneum, the upper of its anterior portion being alone covered by it.

The rectum possesses longitudinal and circular muscular fibres, and at its termination is closed by sphincters. The external sphincter

lies parallel to, and just beneath the surface of the skin, encircling the anal opening; the internal sphincter lies next above the external, and at the termination of the rectum. The levator ani muscle being nearly perpendicular to the rectum, unites with the sphincters. The mucous membrane which lines this portion of intestine presents a smooth surface only when it is distended. External to the sphincters and just beneath the skin, there is an abundance of cellulo-adipose tissue, through which branches of the internal pudic artery ramify. No part of intestine, in proportion to its size, receives as much blood as the rectum.

Deformities are sometimes noticeable at birth which commenced during foetal life. Abnormal conditions of the rectum are of this class. Thus the anal opening may be closed by a membrane, through which the contents of the rectum are discoverable; or the bowel deviating from its usual course, may open into the bladder, the urethra, or vagina. For the relief of these cases the knife of the surgeon is demanded, either to save the life of the infant, or to remedy a dangerous and disgusting deformity. Where the anus is imperforate and covered by a thin membrane only, the operation for its relief is very simple, a crucial incision through the membrane, clipping off the angles thus formed, and dilatation by a tent of lint during the process of healing is all that is required. But where the opening is into the vagina, the operation devised for its cure is much more formidable, and the tenderness of infancy should make us consider well the necessity of operating at that period before attempting it. Dieffenbach operated in this way: Making an incision in the natural position of the anus sufficiently deep to reach the rectum, and carefully dissecting the cellular tissues surrounding it, he separated the inferior semi-circumference of the intestine from the vagina, and dividing the flap to a small extent, drew it down fixing it to the posterior part of the wound of the perineum. When union had been effected in this portion, he performed an operation nearly similar on the remaining portion. Amussat performed the operation by disengaging the entire rectum at its vaginal opening, freeing it from its loose sacral adhesions, and drawing it down, fastened it by sutures to the edges of the wound, made as in the operation by Dieffenbach. Both operations were successful. If the rectum terminates in the bladder or urethra, but little can be done for its relief.

Prolapsus ani, or prolapsus of the rectum, though common in infancy and childhood, and generally of but little importance, becomes a serious disease with adults. The affection is met with in two forms

which are characterized by the protrusion of the mucous membrane alone, or the rectum itself. Many are disposed to doubt the occurrence of protrusion of the rectum; that such however could occur might be inferred from intussusceptions met with elsewhere. But we have the authority of Brodie and Malgaigne on this point. Says the latter distinguished surgeon, "I lately demonstrated, by dissection, a complete prolapsus of the rectum, complicated with complete prolapsus of the uterus and vagina; the peritoneum had followed each, and the two tumors were only separated by the perineum, which was lined by peritoneum at the distance of half an inch from the skin." (Vid. Malgaigne's *Operativ. Surg.*, ch. viii., div. 6.)

In the ordinary prolapsus of childhood, the treatment is abundantly simple. The evacuation of ascarides, or any irritating substances from the bowels, followed by an astringent injection, may be all that will be required. Brodie recommends as suitable treatment for a child, a daily injection of 3ij—iij of a solution of tinct. ferri muriat., of the strength of a drachm to a pint of water, care being taken at the same time to regulate the diet and the evacuations. Prolapsus ani is sometimes caused by a weakened state of the sphincter ani; in such cases the nux vomica or strychnine proves of essential service. The case of a child is reported in the *Dublin Hosp. Gazette*, (Feb. 15th, 1854, p. 30,) that suffered from prolapsus of four years continuance, and where the protrusion was at times four inches in extent, which was cured in about a fortnight by the application of small quantities, (one-sixth to one-third grain,) of strychnine to a blistered surface in the neighborhood of the sphincter. Obstinate constipation was regarded as the cause in this case.

Prolapsus is generally easily replaced, but it may occasionally become strangulated by the sphincter, demanding the division of the sphincter if other means of reducing it fail.

When prolapsus of adults has become a chronic trouble, of frequent recurrence, and attended with much pain, the use of nitric acid has been of special service. Whether this acts by exciting adhesions, thus giving more firmness to the relaxed tissue, or in virtue of its cauterizing power and the resulting cicatrices, we are not prepared to state. However it may be, in many bad cases it has been very effectual. To illustrate the method of its application, we shall refer to a case successfully treated by Dr. McDowell, of Dublin. In this there was a permanent protrusion of about four inches in extent. "Four white tracks were made with the acid in the vertical direction from the sphincter down to the lowest portion of the protrusion; the

bowel was then replaced ; no protrusion occurred for two days afterwards. The acid was applied twice subsequently at intervals of seven days, and on the last occasion with the most complete success. The treatment occupied a period of about three weeks ; the patient was permanently cured." (Dublin Hosp. Gazette, May 15th, 1854, p. 122. Braithwaite's Retros. pt. xxx., 1855, p. 155.)

Another case reported in the Am. Journ. of Med. Sc's., July, 1855, pp. 233-6, is one of great interest, and I shall take the liberty, gentlemen, of reporting it quite fully. A man aged 24, of strumous aspect, and delicate from childhood, presents himself with a large prolapsus. He dates his disease from an attack of dysentery when twelve years old. "He can not remain for any time in the erect posture without the escape of the protrusion at the anus. He has constant and earnest desire to go to stool, and passes large quantities of fetid discharge tinged with blood. The escape of the feculent matter is most irregular, both as to amount and consistence, and is always accompanied with a sensation as if the whole contents of the abdomen were escaping, and with protrusion at the anus of considerable tumor, which he is obliged to replace or subject himself to extreme agony. * * * In the absence of any protrusion, the anus is patulous, and its circumference covered with a muco-sanguinous discharge, presents numerous ulcerated chinks in the direction of its rugae." The sphincter is so relaxed that the fingers placed conically pass with ease. The treatment was as follows: Keeping the patient in a horizontal position, our reporter, (Dr. Christopher Fleming, of Dublin,) says, "I formed equidistant radiated tracks with concentrated nitric acid, commencing them near the intestinal opening at the apex of the protrusion, and passing them as near as I could calculate to the upper margin of the inner sphincter. The breadth of these tracks was about a quarter of an inch, and the length two inches or so ; they were well smeared with oil and the bowel carefully returned." From day to day improvement was noticeable. The fifteenth day after the first application the prolapsus occurred but once in twenty-four hours ; defecation was natural, and any exertion could be made without protrusion. One more application of the acid was made and the recovery was complete.

A case of a large prolapsus of long continuance, which fell under my observation, was found to possess many little points of ulceration. This was successfully treated by the recumbent posture, the application of a strong solution of nitrate of silver, and an anal compress. In these cases the cure was probably affected by the closer union of

the mucous and muscular walls of the intestine, produced by a healthy action of the acid, and by the contractions attendant upon the cicatrizations of the ulcers.

We have thus considered the means which the physician may employ for many cases of prolapsus of the rectum. But there are cases where surgery comes to our aid, and many different operations have been devised. The operation of Hey, (of Leeds, in 1688,) consisted in the removal of a concentric portion of integument around the anus. Dupuytren removed the radiated folds. Dieffenbach has several operations. He diminished the anal opening by excision of the folds around it; also by excision of wedge shaped pieces from the anus. Again, by extirpating the spongy prolapsus, or by using the actual cautery. (Vid. *British and Foreign Medico Chirurg. Rev.*, Oct., 1850. Velpeau adopts the operation of Dupuytren, and concludes his remarks upon this subject in these words. "Finally, the excision of the radiated folds of the anus, seems calculated to answer for cases of prolapsus which are owing to a state of relaxation of the mucous membrane, integuments, sphincters, and external tissues; for all those cases, in a word, which are not caused by an organic lesion, or disorganization of some of the parts contained in the pelvis or hypogastrium; so that the amputation of the tumor should be reserved for those cases of prolapsus which are absolutely irreducible." (Velpeau's *Operativ. Surg.*, vol. iii., p. 1107.) The operation of Dupuytren, the one generally adopted at the present time, is thus modified by some surgeons: they seize small portions of the mucous membrane with the forceps, and then enclose each in a ligature; the intestine with the ligatures attached is returned, and in a short time the enclosed portion sloughs, and when cicatrization is completed, the patient is cured.

Another of the diseases which are found affecting the rectum, is polypus. This may occur at any period of life and in any portion of the rectum, although generally next the anus. Polypi vary in shape and size; some resemble a worm, or a strawberry with a foot-stalk two or three inches long, and they may be as large as a hen's egg. However, they are generally soft, varicose, spongy, or fungous; probably they are often mistaken for hemorrhoids. The inconvenience from their size and their proneness to hemorrhage, are sufficient to lead to their detection when an examination is made. The proper treatment is the ligature; but to avoid hemorrhage it should not be sufficiently tight to divide the soft neck of the tumor; strangu-

lation is what is desired. Caustics have also been used with success. Excision is dangerous on account of hemorrhage.

We proceed next to the consideration of foreign bodies in the rectum. This affords more of curious interest than of real practical value, and statements that would seem incredible unless the authority was indisputable. Velpeau reports a case where "a patient had thrust into his rectum a pot for preserves with its open extremity first. Another, where a lithotripter was used to break a coffee cup which a young student had introduced into his rectum. Again, the entire hand was introduced into the intestine to extract an enormous wooden fork, five inches long. Once more, Plato says, seriously, that a mole, introduced alive into the rectum of a peasant, had become so strongly attached to it that it could not be extracted except by drawing upon its tail, after having killed it." (Velpeau's *Operat. Surg.*, vol. iii., p. 1097-8.) Malgaigne reports a case where "Marchetti's had to extract a pig's tail from the anus of a prostitute; the tail had been pushed in base foremost, so that the bristles, which had been cut short, projected against and stuck fast in the intestine, when attempts were made to withdraw it; he passed over it a canula through which he withdrew the tail without difficulty." (Malgaigne's *Operative Surg.*, ch. viii.)

Cancer of the rectum is a disease of more formidable nature than any to which it is liable; it invariably leads to a fatal termination; fortunately the disease is not common. The symptoms which would lead us to suspect it may be given in few words. If an hereditary disease, and the cachexia, generally its accompaniment, is noticeable, we are suspicious of its presence if there is uneasiness in the rectum, accompanied by pain in the back and thighs, and irritation of the bladder. As the disease progresses, there is a fetid discharge from the anus, and at the same time obstinate constipation; often the abdomen becomes enormously distended. A digital examination will detect a hardened and contracted state of the intestine, while the speculum will reveal its exact appearance. The treatment can only be palliative; yet some French surgeons have removed the diseased portion of the rectum; an operation attended with too little success to be recommended. A very interesting case of cancer of the rectum is reported in the *American Journal of Medical Sciences*, August, 1828, p. 380-5. The disease occurred in a lady aged twenty-five, the mother of two children. I will give the autopsy as showing very satisfactorily the nature of the disease. Woman of low stature and delicate frame; circumference from the crest of one ileum to the

opposite, three feet and seven inches; circumference of the colon thirteen and a half inches; duodenum and ileum the same; intestines much inflamed with peritoneal adhesions; before death a very offensive exhalation from the body; the rectum resembled gristle in texture and appearance, in some places like bone; so contracted that the little finger could not be passed through it; mucous membrane in the form of a pouch protruded and closed the opening; total obstruction without alvine discharge, two months and fourteen days.

From cancer of the rectum we turn to the consideration of hemorrhoids, a very common, often very painful, and sometimes a very dangerous affection. Great difference of opinion has obtained among surgeons, as to the nature of hemorrhoids. Abernethy attributes them to a clot of blood transformed into a vessel. Malgaigne says: "But in general the tumor arises from a collection of blood, often black and clotted, in a sort of cyst, due either to a new formation or to a varicose dilatation. Lisfranc, on the other hand, considers "piles composed of a sort of fibrous tissue, in which there are but few vessels when not congested." In examining about one thousand bodies, he never met an erectile tumor in the rectum. He therefore concludes, first, "That though without doubt veins more or less voluminous may be found in hemorrhoidal tumors, still these last are not formed of varicose veins." Secondly, "that their composition differs from that of erectile tumors." Druitt considers them as varicose enlargement of the hemorrhoidal veins, which by their irritation cause morbid changes in the mucous and cellular tissue adjoining. Bransby Cooper coincides with Druitt as to their nature, but considers their cause to be some obstruction of the portal system. Dr. Alex. H. Stevens, of New York, in one of his lectures, asks, with reference to hemorrhoids, "what are they," and responds to his own question, "I'll be hanged if I know." (Vid. N. Y. Lancet, Feb. 19th, 1842, p. 118.) The medical treatment suitable for hemorrhoids consists in keeping the bowels in a soluble condition, and the application to the painful tumors (for we believe them to be only painful when inflamed,) of an astringent and anodyne ointment, or a cold injection of the same nature. But we are chiefly concerned at present with the surgical treatment of this class of diseases, and must therefore pass to the consideration of that point. All operations with the knife upon hemorrhoids are attended with danger on account of loss of blood. Hence we are tempted to say, that he operates best, who operates least; or in the words of Lisfranc, "I am convinced that a surgeon who cures without having recourse to the knife is far more useful than the most brilliant opera-

tor." (Braithwaite, part ix., 1844, p. 157.) Various methods of treatment have been devised for the permanent cure of hemorrhoids. One which has been attended with some success is the application of nitric acid to the tumors. This seems more especially adapted to those of a florid appearance and with a tendency to bleed. The acid should be applied upon the entire tumor, and till its florid hue is changed to an ashy color. This is the plan recommended by Dr. Houston, of Dublin, and is sanctioned by Mr. Curling in his excellent work on Diseases of the Rectum. We find also that Dr. Lee, assistant surgeon at King's College Hospital, reports cases treated successfully in this manner. The second method of treatment, and a favorite with some surgeons, is the application of the actual cautery; this produces less pain than is generally feared; the operation commends itself in many cases. The ligature is another of the bloodless operations for hemorrhoids; this produces much pain; some of the pain may be avoided by applying several ligatures, and taking up only a small portion at a time, remembering that the pain arises from compression and tension of the nerves, produced by encircling and drawing to its centre the hemorrhoidal tumor; also since the skin is the most sensitive portion, it may be carefully divided and the ligature placed in the division. We shall next consider the operations in which the knife is used. Sir Benjamin Brodie's plan of treatment consisted in puncturing the tumor with a small, narrow knife, passing in a probe armed with the fused nitrate of silver, and leaving a small portion of caustic behind. (Vid. Dublin Quart. Journ. Med. Sc's, Nov., 1851, p. 452.) Amussat used an ingeniously contrived porteaustic forceps, by which the hemorrhoidal tumor was seized and cauterized externally, while at the same time it was laid open, the blood evacuated, and then cauterized internally by the solid caustic. When excision of hemorrhoidal tumors is practiced, the bowel should be protruded as far as it can be, and the bleeding vessels secured before it is returned. If but a portion of the tumor is removed, the operation will be none the less effectual, while there will be less danger from hemorrhage and from consecutive stricture of the anus.

It seems hardly necessary to remind you, gentlemen, that after any operation upon the rectum, the most strict antiphlogistic regimen must be insisted on, and the patient watched for several hours. If the pulse becomes rapid and feeble, and there is a tendency to gaping or sighing, and perspiration appears without any apparent cause, we may be sure of internal hemorrhage. An effort on the part of the patient will probably confirm our suspicions, by the evacuation of a quantity

of blood. With this exertion the bleeding surface will probably be exposed, when it may be treated by a compress of lint, the ligature, or the actual cautery. In very obstinate cases, it may be necessary to apply the tampon. It is used in this manner: an oblong roll of lint, having two tapes or cords passed over one end and fastened at the other, (for the convenience of its removal,) after being well greased, is passed by a pair of forceps beyond the bleeding surface, the bowels having been previously evacuated; the portion of intestine exterior to this must then be filled by a number of pledgets of lint; at the anus the tapes are tied firmly to a hard roll of lint, which is secured by a T bandage. This is retained with difficulty, and requires all the effort and resolution which the patient can command.

Stricture of the rectum is a very common result of surgical operations performed upon it, unless the precaution is taken of using bougies or meches of lint during the process of healing and for some time after the cure. It requires the same precautions as in stricture of the urethra. Mechanical pressure may be another cause of this affection; thus, a displaced uterus, or an enlarged prostate, an accumulation of urine, or a pelvic tumor of any kind, making pressure upon the rectum, may cause a temporary or permanent stricture. Again, we may meet with stricture as a purely spasmodic affection; also a result of malignant disease. We are suspicious of stricture if there is troublesome constipation, and at the same time the feces when passed are habitually altered in form. A digital and instrumental examination will confirm our suspicions. The locality and amount of stricture is subject to variation; it may be nearly or quite beyond reach, and the rectum so much contracted as hardly to admit the smallest rectal bougie. The treatment demanded is similar to that for like affections of the urethra, unless it is spasmodic, demanding constitutional remedies, or results from mechanical obstruction, which is capable of removal. Dilatation by bougies has been effected differently by different surgeons; the gum elastic or linen bag is the most common means; this is passed by a probe beyond the stricture, and then dilated by lint pressed into it. A bladder used in the same manner and afterwards filled with water, has been recommended. Prof. Mutter, of Philadelphia, suggests that the bladder be inflated, thus making an air bougie. (Vid. *Lancet*, Aug. 2, 1845, p. 139. *Braithwaite's Retros.*, part xii., p. 202.) Lastly, incision has been resorted to when bougies fail in producing the required dilatations.

Two forms of disease, affecting the lowest portion of the rectum, remain for our consideration: fissure of the anus, and fistula in ano.

Of the former, but few words will be needed to make it plain. It is a disease not uncommon in venereal women, and manifests itself with these symptoms. A patient will complain of the most intolerable agony, felt at the anus, during and continuing some time after an evacuation of the bowels. The cause of this excessive pain is a superficial ulcer, or kind of longitudinal crevice, just within the sphincter, which is distended or lacerated at every evacuation of the rectum. Now this fissure, although the cause of such suffering, is often so small, and in the contracted state of the sphincter so closed, as to defy detection. But a careful digital examination will detect its locality by the exquisite tenderness of the affected part. The treatment for this is simple, and affords immediate relief. It consists of the division of the sphincter on one or both sides, cutting through the fissure if practicable; the incision is then to be filled with lint that it may close by granulations. But there are patients that will not submit to any surgical operation, and yet relief is demanded. A palliative measure recommended by Malgaigne consists in pinching between the fingers, at the time of going to stool, a fold of the anus comprising the fissure. Stimulating ointments, as the mercurial and white precipitate, have been used; and the application of the nitrate of silver recommended. Yet there is no treatment so satisfactory in its results as the division of the sphincter.

The last subject which I propose to consider is fistula in ano, an affection not uncommon in scrofulous persons. Surgeons have generally considered the disease as existing in three different forms, and accordingly, for convenience of description, have given the names external, internal, and complete fistula. These names indicate the opening of the fistula, whether externally alone, internally alone, or both externally and internally, the two openings mutually communicating. But we have been led to conclude that a fistula without an internal opening is very rare; indeed, that its origin in all cases is either in the mucous membrane or the muscular portion of the rectum. We know that an abscess may occur in the neighborhood of the rectum, but there is not more difficulty in healing this than of an abscess elsewhere located; neither do we see why the cellulo-adipose tissue just exterior to the rectum should be more liable to abscess than that of the axilla. There is no reason why an abscess occurring in this region, if it has no communication with the intestine, should have a fetid discharge, which the abscess of fistula usually has. But may not fistula originate in this manner? You are aware that portions of intestine often present such pathological conditions as these: patches

of ulceration, either confined to the mucous membrane, being limited by the investing peritoneum, a serous membrane; or extending still farther, involving this serous membrane, and its progress then checked by adhesions between contiguous portions of the same; but lastly, failing in such adhesions, perforation of the intestine results. It is hardly necessary to remind you that phthisis and typhoid fever afford such examples. Now in scrofulous subjects, and in these fistula most frequently occur, disease of the mucous membrane is very common, and it may occur in any portion of it. Bearing in mind then, gentlemen, that the rectum is not wholly invested by peritoneum, we believe that ulceration and perforation may occur in the portion destitute of it. This opinion as to the origin of fistula, is that which Sir B. Brodie and others have advocated. But fistula may originate from a very apparent cause. Impacted feces, or foreign bodies impacted in them, (as a fish bone or some indigestible substance,) may abrade the mucous membrane when closely pressed by the sphincter, and become the starting point for an ulcer which may become fistulous. An ulcer in this region may also occur idiopathically. But it matters not from what source this internal abrasion arises; when made, its tendency is to become deeper by the pressure against it of irritating substances, and to extend both above and below in the direction where the least resistance is offered, till it opens externally near the anus. It is interesting to see what difference of opinion has prevailed as to the place of the internal opening of fistula. Many suppose that it is at the extreme upper end of the fistulous track. This is quite a mistake. Velpeau, who made a number of examinations, in investigating this subject, says: "Out of thirty-five fistulas, which I was enabled to examine for this purpose, in 1833, either upon the dead body or during life, I found four in which the ulcer in the rectum was as high up as an inch and a half, or two or two and a half inches, and consequently a little above the external sphincter. A fifth example among these fistulas, even reached as high as over three inches, for it could scarcely be reached by means of the finger, but this was after it had made a long track between the mucous membrane and the other tunics of the rectum. The others opened at the entrance of the anus, or at a few lines within it, in conformity to the opinion of M. Ribes. Three of them even had their orifice outside the villous membrane of the anus, and two only were found a little nearer to the valve of the sphincter than they were to the integuments. I could at the present day enumerate as many as a hundred cases of this description, and in which the same distances were always observed. Thus

experience * * * authorizes us in asserting that certain fistulas may open upon the skin itself at the entrance of the anus ; that most of them have their orifice between the sphincters, and that it is also not very uncommon to meet with them at a short distance above." (Velpéau's *Operat. Surg.*, vol. iii., p. 1118.) Prof. Syme says of the internal opening of fistula, "I used to think it was to be found in the upper part of the sinus, but it is never found there if the sinus runs high up. You must search for it immediately above the sphincter muscle." (*Lancet*, Jan. 26th, 1844, p. 533.) M. Ribes has studied this with great care. He examined seventy-five bodies, and found the internal orifice to be "most commonly a little above the place where the union is effected between the membrane lining the rectum and the external skin, sometimes also a little higher up ; but the opening is never situated above five or six lines high. The opening itself appeared as if ragged or torn ; in the greater number it was soft, but hard and callous in a few." (*Dublin Hosp. Gazette*, April 1, 1854, p. 68.) The diagnosis of fistula is easy. In the forming stage there is a feeling of fullness and weight about the anus, attended with hardness and tenderness. The pain is increased by an evacuation of the bowels, and at length a little abscess, the cause of the pain, bursts, and the fistula is fully formed. From this time there remains a little ulcer near the anus.

The treatment for fistula in ano consists of injections, compression, caustic, or ligature, each designed to create a new action through the fistulous track, causing it to heal by granulation. But that to be preferred to all, is the division of the intestine, and all intervening from one fistulous opening to the other, keeping the wound separated by a fold of lint until it heals by granulation ; the incision should follow a director passed from the external to the internal opening. This operation is not difficult, and results in a perfectly satisfactory cure. We should add, before leaving the subject, that it is not necessary to divide the fistula above the inner opening, (should it extend up the side of the rectum ;) if it is made free below, the upper portion readily heals.

We have thus very imperfectly considered the Surgical Diseases of the Rectum ; and although your patience is already exhausted, I must crave indulgence one moment longer. There are times when the propriety of any operation may be very questionable. A patient, wasting with phthisis, should not be compelled to undergo an operation for fistula in ano ; neither should one predisposed to apoplexy, have bleeding hemorrhoids suddenly checked, unless the system has

been properly prepared for it, and after-treatment is carefully attended to. In short, any one suffering under an incurable disease would not be a proper subject for the surgeon's skill, unless the malady was increased or his life endangered through want of the operation, Neither should an operation be performed, if thereby a no less troublesome affection might result; thus fistula should not be opened into the vagina, for an unhealed perineum would probably remain, a worse evil than the former. I would not dilate or divide, under ordinary circumstances, a stricture dependent upon malignant disease of the rectum. Our duty is in all hopeless cases to palliate and make the last days as comfortable as possible. These suggestions, gentlemen, complete what we have to say upon this class of diseases.

A BIOGRAPHICAL SKETCH
OF
WM. C. WILLIAMS, M. D., OF MANCHESTER,

BY WM. SCOTT, M. D., OF MANCHESTER.

Read before the Hartford County Medical Society, April, 1858.

WM. C. WILLIAMS, M. D., was born in Lebanon, Conn., A. D. 1800. He pursued his medical studies with Dr. Hubbard, a prominent practitioner of that time, in Pomfret, Conn. He attended lectures at New Haven in 1820. When he received a license to practice, he soon located in Roxbury, Ct., where he commenced practice and did a large business, having the confidence and respect of the community, who appreciated his good sense and his quiet and unobtrusive manners. He became a member of the Congregational Church in Roxbury in 1828. After a successful practice in this place of nine years, he removed to Manchester, Ct., in 1829, and was soon in full business. In the year 1842 he received the honorary degree of Doctor of Medicine from the Connecticut Medical Society. Dr. Williams was naturally of a robust habit of body, and of vigorous constitution and had good health, with the exception of attacks of neuralgia occasionally for the last few years of his life, but not of that severity that prevented his attending to his professional business. In January of 1857, in consequence of exposure in visiting a patient, he froze one of his feet and became very much chilled, and never after that felt restored to his usual former health. In the spring of 1857 he experienced some heavy pecuniary losses, which so affected his mind that he became very much depressed and dejected in spirit, so much so that all the influence of his friends to comfort him had no effect. During the summer he had sleepless nights, but unwilling to take any anodyne or other medicine for his relief, he became very much emaciated, felt that his family were coming to want, and on the

morning of the sixth of October, in a fit of temporary insanity, he put an end to his own life, aged 57 years.

Dr. Williams was a man quiet and unobtrusive in his manners, was honest and upright in his dealings, and characterized by his strict integrity. In the community in which he lived, he was respected as a kind physician and quiet man, enjoying the respect of his neighbors and acquaintances. Social in his feelings, kind and amiable in his manners, he stood well in the estimation of his medical brethren and enjoyed their confidence. He was very particular to observe, in all cases, medical etiquette with his brethren. He had no sympathy with quacks or quackery, or with those who followed them. He would have nothing to do with the various isms in medicine of the present day, considering that a proper medical education is indispensably necessary to the proper practice of the profession.

He was a kind father and affectionate husband, affording his children the advantages of a good education, and was loved and respected by them. They deeply feel his loss and deplore his untimely end.

A BIOGRAPHICAL SKETCH
OF THE LATE
JOHN S. PETERS, M. D., LL. D.,
BY J. B. LEWIS, M. D., OF VERNON.

JOHN S. PETERS was born at Hebron, Connecticut, on the 21st day of September, A. D. 1772. His father, Bemsie Peters, was a native of Hebron, as was also his mother, whose maiden name was Annis Shipman. They had seven children, of whom the subject of this sketch was the fifth.

Their paternal ancestors were English, and their traditionary history, as handed down from father to son, is as follows: Lord Peters, of ———, England, had three sons, Thomas, Hugh and William, all of whom were liberally educated men, and all dissenters from the established religion. They formed a part of that little band who, to escape persecution, fled to Holland, and from thence, in 1620, came to Plymouth, Massachusetts. Thomas, the eldest brother, was a clergyman and settled at Saybrook, where he died, leaving no children. He was one of the founders of Yale College, first located at Saybrook, and removed to New Haven in 1700; and his library, which he bequeathed to the College, formed the nucleus of the present extensive one belonging to that Institution.

Hugh, the second brother, was also a clergyman and settled at Salem, Massachusetts, where he resided until the rebellion against Charles 1st had made some progress, when, in the plenitude of his zeal, he returned to England and took an active part in the support of Cromwell. On the restoration of Charles 2d, he died on the scaffold, a traitor or martyr, according to the opinion or fashion of the day. He had one child, a daughter, who married a highly respectable citizen of Boston, whose name is not known.

William was a merchant, and settled at Mendon, Massachusetts. He left a large family, and from him, it is believed, all of the name

now living in New England descended. John Peters, one of the descendants of William, removed from Mendon to Hebron in 1718, and was one of the first settlers of the town. He left a large family, among whom was Rev. Samuel Peters, D. D., and Bemsle Peters, the father of John S. Peters.

In the year 1774, Bemsle Peters removed with his family to Mooretown, Vermont, to act as the land agent of his brother Samuel and Governor Moore, of New York, who had jointly purchased the township; but in consequence of their failure to procure a title to the land they had purchased, and entertaining fears of a murderous descent of Canadian Indians—a war between Great Britain and her colonies being in embryo—he returned with his family to Hebron the year following.

On the breaking out of the Revolutionary War, Bemsle Peters, with most of the other descendants of John Peters then living in Hebron, took the side of the king and were determined royalists. He continued to reside in Hebron with his family until 1777, when he went to New York city, then in the possession of the royal forces, and soon after sailed for England and joined his brother Samuel in London. For his loyalty he obtained a captain's commission, and resided in England on half pay until 1794, when he drew a large tract of land near Little York, in Upper Canada, to which place he removed and died in the year 1799.

The family of Bemsle Peters were left by him in moderate pecuniary circumstances, and wholly dependent upon the mother, who discharged her duty to them faithfully. John S. continued to reside at home until the age of seven years, when he was placed by his mother in the family of a neighboring farmer to do boy's work, where he remained until fourteen years of age. For the next four years he worked for farmers for wages during the summer, and attended the district school in winter. At the age of eighteen he procured employment as a teacher, and continued to teach the district school for the four succeeding winters. At the age of twenty, having made choice of the medical profession, he commenced its study with Doctor Benjamin Peters, of Marbletown, Ulster County, New York, with whom he remained six months. The succeeding summers were spent by him in the study of his profession, with Doctor Abner Mosley, of Glastenbury. In November, 1796, he went to Philadelphia to complete his professional studies, and there attended the anatomical lectures of Doctors Shipen and Wistar, the chemical lectures of Doctor Woodhouse, and the Medical Institute of Doctor Rush. He returned

to Hebron in March, 1797, and in the month of May following made a trip up the Connecticut river to near Canada line, examining the localities on the route, with a view of finding a place to settle; but being unable to find one to suit him, he returned home, and, in his own words, "sat down discouraged, having spent twenty-four years of his life, and all his money." In a short time his neighbors began to call on him for medical advice, and he soon had as much professional business as he could attend to. In the spring following, he removed to the village of Hebron and established himself as a physician, which place became his permanent residence.

At an early day he connected himself with the Tolland County Medical Society, and in 1804 was elected a Fellow in the State Society. He was annually re-elected to this office during the succeeding ten years, and took an active part in both State and County organizations. Again, in 1815 we find him in the list of Fellows, to which office he was annually elected until 1823. In 1824 he was again and for the last time placed by his professional brethren of Tolland County among her delegates. In the State Society his superior talents were duly appreciated, and he was honored with several of its most important offices. During ten consecutive years, 1817 to 1827, he continued its Treasurer, and at the expiration of that time was elected to the office of Vice President. Serving in this latter capacity until 1829, the Society then conferred upon him the highest honor in their power—elected him their President. He served as President of the Connecticut Medical Society until 1832, when he withdrew from an active participation in its affairs, but ever remained deeply interested in its prosperity.

Doctor Peters was considered a very skillful physician, and had an extensive practice in his own and the adjoining towns. He was a man of studious habits, and his active mind was well stored and enriched with the best and most valuable medical literature of his day. In addition to this, he possessed a mass of invaluable practical knowledge, obtained in his arduous, every day practice. His readiness to attend to the call of the sick and the suffering was every where proverbial. The poor never applied to him in vain. Of them he used to say, "God is their pay-master."

He had, during his professional career, quite a number of medical students. The venerable Doctor Jehiel Williams, of New Milford; Doctor Samuel Simons, who died at Bridgeport a few years since; and Rev. Ezekiel Skinner, M. D., at one time Governor of the colony at Liberia, were among the earliest.

True to the spirit of his ancestors, Doctor Peters was deeply interested in the political questions of his day, and when quite a young man took strong partisan grounds. As a candidate for office he was very popular in his own town, and seldom beaten. He labored hard in his profession, and yet found time to attend faithfully to the various town offices which he held. For some twenty years he was Town Clerk, besides occasionally holding the office of Selectman or Assessor. He was also Judge of Probate for the old District of Hebron for many years. He represented his town several times in the lower house of the General Assembly, and was several years State Senator. In April, 1827, he was elected Lieut. Governor, which office he held until 1831, when he was elected Governor, and re-elected in 1832. After his retirement from the office of Governor, he was never a candidate for any office except that of Presidential Elector. He was frequently solicited to allow his name to be used as a candidate for Representative and Senator in the General Assembly, but always declined. He was one of the Commissioners to superintend the erection of the State Prison at Wethersfield, and was also for several years one of the Directors of that Institution, and in both capacities rendered the State eminent service. In 1824 he was elected by one branch of the General Assembly, a Senator in Congress; the other branch elected the Hon. Calvin Willey, and both adhered to their vote. At the following session Mr. Willey was chosen.

On his election to the office of Governor, he retired as much as possible from the practice of his profession, or in his own language, "as soon as he could leave his old friends in the care of others." When called upon, however, he continued through life to give medical advice to his personal friends.

After his retirement from office in 1833, he spent much of his time superintending his private affairs, and in the enjoyment of the competency he had acquired. He took much pleasure in visiting different portions of our country, and made several trips into the Western States and Canada. In the spring of 1834, he in company with the late Abner Hendee, visited Washington, and while there they were introduced to President Jackson by their friend, Hon. Henry L. Ellsworth, who was then on very intimate terms with the President. The following is Doctor Peters' account of the interview: "General Jackson is, in his calm hours, one of the most polite men I ever knew; when angry he is a tiger. We were privileged with a long visit, in which my friend stirred up the General by introducing a favorite measure in which the Senate opposed him. The pipe was at once

taken from his lips ; his cane rattled upon the floor, and he roared out, 'I can do nothing for this cursed Senate!' Mr. Ellsworth introduced a new subject, and the President was calm again, and his conversation interesting. When we left, Mr. Ellsworth remarked, 'I have taken some pains to show you the *whole* of the President.'

Doctor Peters possessed a good physical constitution, and up to within two years of his death, enjoyed perfect health. During the last two years of his life he was afflicted with a disease of the kidneys and bladder, which was at times very painful. When in the eighty-fourth year of his age he made the following memorandum in his note book : "I am now in my eighty-fourth year. I enjoy good health and have a competency of this world's goods, and am waiting patiently for that change which I know must soon come. I have had my full share of the labors of a country physician, and more of political offices and labors than ordinarily fall to the share of one citizen."

During the last two years of his life he frequently spoke of "the change that soon awaited him," and always referred to it cheerfully, and with the true spirit of a christian and a philosopher. He died on Tuesday, the 30th day of March last, and on the Friday following was buried in the cemetery attached to the Episcopal Church in Hebron.

In his religion he was a sincere Christian and an humble worshiper. His parents and the Peters family generally, were Episcopalians. He was ardently attached to the Church, and contributed liberally of his means to its support. To the parish of St. Peter's Church, in Hebron, he was a munificent benefactor. He was for many years a member of the Corporation of Trinity College, which Institution conferred upon him the degree of LL. D.

Both as a physician and as a man, Doctor Peters had a strong hold upon the affection of his townsmen. In a paper received from the Hon. Lucius J. Hendee, and to whom we are indebted for nearly all the facts contained in this sketch, that friend of Doctor Peters writes, that "Governor Peters was a most agreeable companion and a warm and true friend. His conversational powers were superior, and all who have had the pleasure of his acquaintance will long remember his lively and keen wit, his inexhaustible fund of anecdotes and stories, and his inimitable manner of relating them."

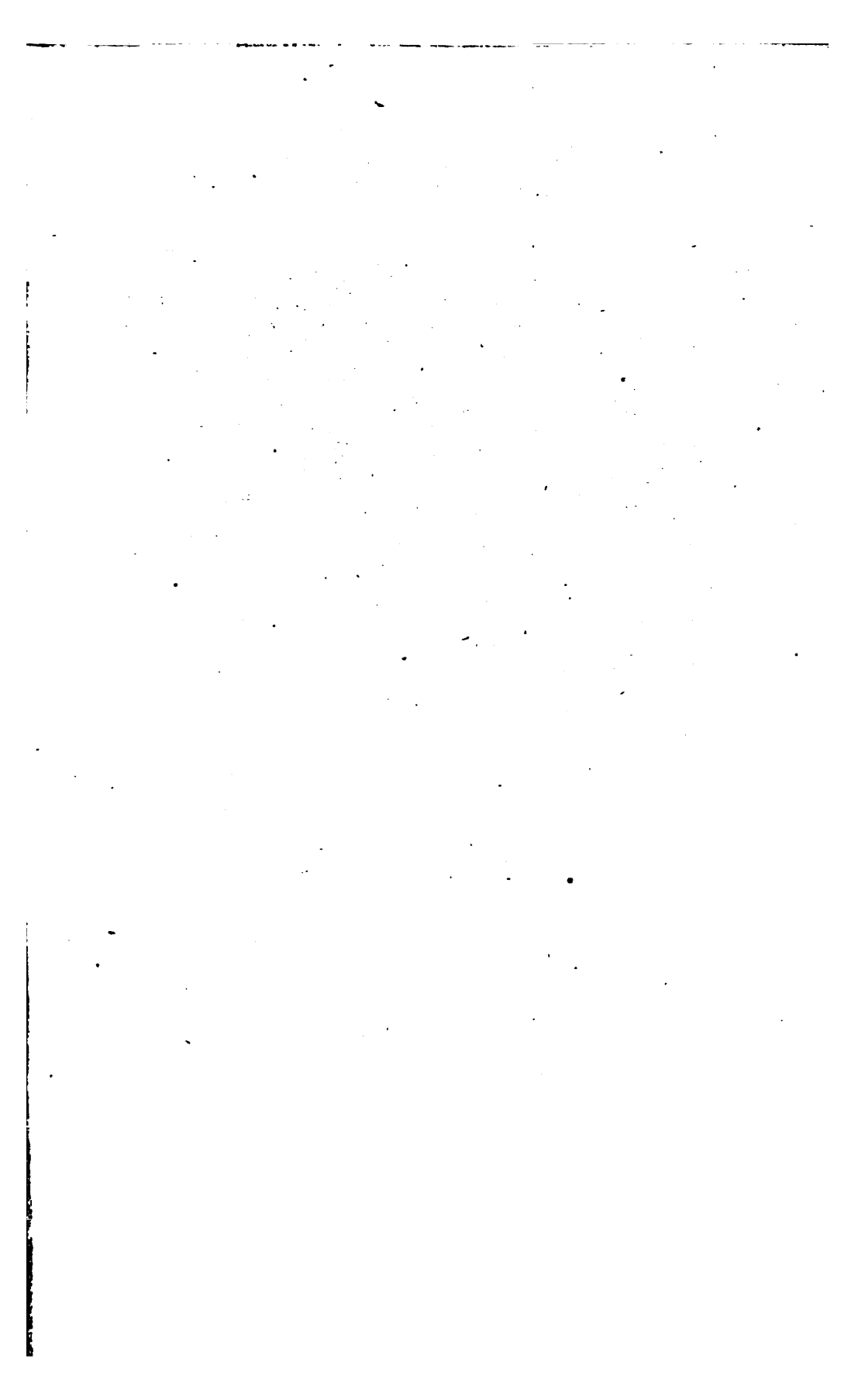
Doctor Peters lived and died a bachelor. He commenced the practice of his profession under the most adverse circumstances, having scarcely money enough to buy medicine in the smallest quantities, and visiting his first patients on foot. By industry, economy, perse

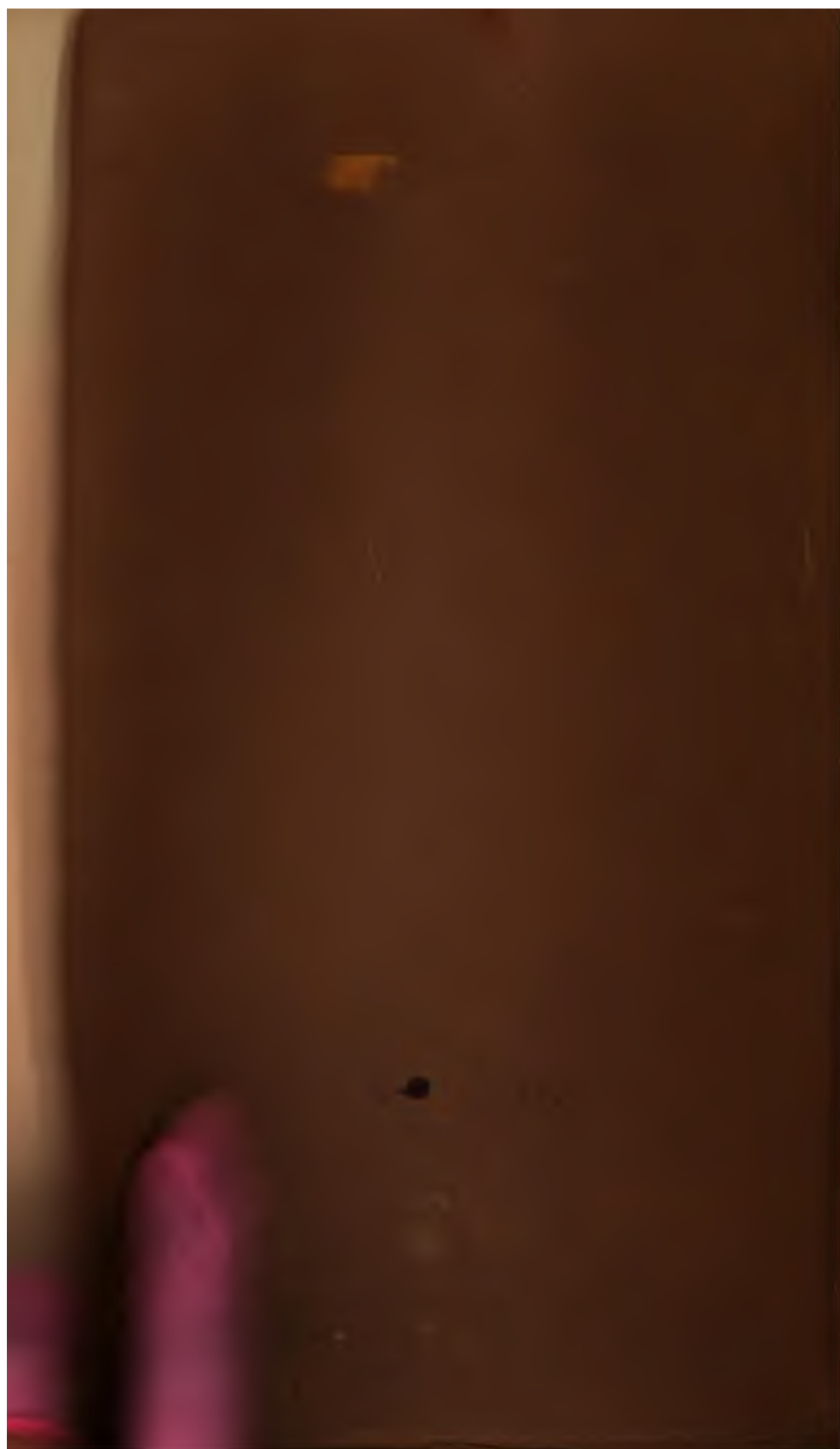
verance, and the practice of strict integrity, he acquired a handsome estate, rose to eminence in his profession, and was honored by the people of his native State with the highest office in their gift.

In the memory of John S. Peters, the State of Connecticut has much that is worthy of being cherished, but more especially has the Connecticut Medical Society reason to hold his name in grateful remembrance, and record it among those of her worthy sons who have done honor to their profession. One and another of those remarkable men, who were pioneers of this Society, have gone down to the tomb; and to many of them Death has come not until the usual allotted time of man's existence. After long and well spent lives, their gray hairs have gone down with honor to the grave. Peace to their ashes! Honor to their memories!

In passing her eye over the brilliant galaxy of names of those of her sons who are now numbered with the illustrious dead, well might this Society exclaim, with all the animated warmth that glowed within the bosom of the Roman mother, "*These are my jewels!*"

VERNON, Ct., May, 1858.





PROCEEDINGS

OF THE

SIXTY-SEVENTH ANNUAL CONVENTION

OF THE

Conn. Medical Society,

HELD AT

MIDDLETOWN, MAY 25th and 26th, 1859.



HARTFORD:

PRESS OF CASE, LOCKWOOD AND COMPANY.

1859.



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OF THE

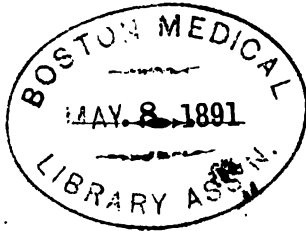
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Officers of the Society

FOR 1859-60.

PRESIDENT.

ASHBEL WOODWARD, M. D., OF FRANKLIN.

VICE-PRESIDENT.

JOSIAH G. BECKWITH, M. D., OF LITCHFIELD.

TREASURER.

GEORGE O. SUMNER, M. D., OF NEW HAVEN.

SECRETARY.

PANET M. HASTINGS, M. D., OF HARTFORD.

Standing Committees.

Committee on Examination.

ASHBEL WOODWARD, M. D., *ex officio*.

JAMES WELCH, M. D.

ELISHA B. NYE, M. D.

TIMOTHY DIMOCK, M. D.

A. T. DOUGLASS, M. D.

S. B. BERESFORD, M. D.

Committee to nominate Physician to Retreat for the Insane.

GEORGE BLACKMAN, M. D.

B. B. NORTH, M. D.

WM. WOODBRIDGE, M. D.

G. B. HAWLEY, M. D.

LEWIS WILLIAMS, M. D.

*Committee to nominate Professors in the Medical Institution of Yale
College.*

RUFUS BLAKEMAN, M. D.
WILLIAM WOODRUFF, M. D.
JOHN B. LEWIS, M. D.
ALBERT MORRISON, M. D.
BENJ. H. CATLIN, M. D.

Committee on Registration.

S. G. HUBBARD, M. D.
GURDON W. RUSSELL, M. D.
BENJ. H. CATLIN, M. D.

Committee on Publication.

P. M. HASTINGS, M. D.
ROBERT HUBBARD, M. D.
P. G. ROCKWELL, M. D.
G. B. HAWLEY, M. D.
J. B. LEWIS, M. D.

PROCEEDINGS.

THE ANNUAL CONVENTION of the President and Fellows of the Connecticut Medical Society, was held in the city of Middletown, May 25th and 26th, 1859.

The President, Ashbel Woodward, M. D., called the Convention to order at 11 o'clock, A. M.

Prayer was offered by the Rev. Mr. Dudley, of Middletown.

The Secretary having read a list of Fellows returned by the Clerks of the several Counties, the following gentlemen were appointed a Committee on Credentials, viz. :

Drs. S. T. Salisbury, H. W. E. Matthews, and Wm. A. Lewis.

The following list of Fellows for the present year was reported by Dr. Salisbury, Chairman of the Committee, viz. :

FELLOWS.

HARTFORD COUNTY.

S. B. Beresford, M. D.	A. Morrison, M. D.
G. B. Hawley, M. D.	Sidney Rockwell, M. D.
C. E. Hammond, M. D.	

NEW LONDON COUNTY.

*E Bentley, M. D.	*Wm. Hyde, Jr., M. D.
*A. W. Coats, M. D.	E. Phinney, M. D.
A. T. Douglas, M. D.	

FAIRFIELD COUNTY.

Justus Sherwood, M. D.	*E. P. Bennett, M. D.
A. L. Williams, M. D.	*M. B. Pardee, M. D.
D. H. Nash, M. D.	

* Absent.

MIDDLESEX COUNTY.

Elisha B. Nye, M. D. Edwin Bidwell, M. D.
A. B. Worthington, M. D.

NEW HAVEN COUNTY.

J. Knight, M. D. A. C. Woodward, M. D.
C. Hooker, M. D. H. W. E. Matthews, M. D.
H. W. Painter, M. D.

WINDHAM COUNTY.

Samuel Hutchins, M. D. Lewis Williams, M. D.
Justin Hammond, M. D. Wm. A. Lewis, M. D.
*Lowell Holbrook, M. D.

LITCHFIELD COUNTY.

Samuel T. Salisbury, M. D. George Seymour, M. D.
John H. Welch, M. D. *G. B. Miller, M. D.
Benjamin Welch, M. D.

TOLLAND COUNTY.

Charles F. Sumner, M. D. O. B. Griggs, M. D.
John B. Lewis, M. D.

On motion, the Address of the President and the Dissertation were deferred until the Evening Session.

The President appointed Drs. S. B. Beresford, George Seymour, and Lewis Williams, a Committee on the Unfinished Business of the last year.

The Secretary reported the following communications received, viz. :—

The papers relating to the action of the Hartford County Medical Meeting, in the case of Dr. J. S. Curtiss.

A series of Resolutions on Anesthesia, from the Hartford Medical Society, referred to a Special Committee, consisting of Drs. C. Hooker, Benj. Welch and O. B. Griggs.

A communication relating to the recommendation of the Directors of the State Prison, abolishing the Insane Department of the prison, referred to a Special Committee, viz. :

Drs. Beckwith, Hawley and Hunt.

The report of the Treasurer was then read and referred to a Committee for examination, viz. :

Drs. Rockwell, Painter, Phinney, Miller, Bidwell, Holbrook and C. F. Sumner.

The Committee on Debentures was appointed as follows, viz.:

Drs. Nye, Hutchins and A. C. Woodward.

The Committee on Examinations were filled by ballot as follows, viz.:

Elisha B. Nye, M. D., vice Wm. B. Carey, M. D., removed.

A. T. Douglass, M. D.

S. B. Beresford, M. D.

Committee to nominate Physician to Retreat for the Insane:

G. B. Hawley, M. D.

Lewis Williams, M. D.

Committee to nominate Professors in Medical Institution of Yale College:

Albert Morrison, M. D.

Benj. H. Catlin, M. D.

The President appointed Benj. H. Catlin, M. D., to fill the vacancy in Committee on Registration; and

G. B. Hawley, M. D. and J. B. Lewis, M. D., to fill vacancies in Committee on Publication.

The President appointed the following Committees, viz.:

Committee to nominate Delegates to American Medical Association for 1860—Drs. Hooker, Morrison, Phinney, Pardee, Bidwell, W. A. Lewis, Salisbury, C. F. Sumner.

Committee on Gratuitous Course of Lectures—Drs. Douglass, Hammond, Matthews, W. A. Lewis, Bennett, J. H. Welch, Worthington, Griggs.

Committee on Honorary Members and Honorary Degrees—Drs. Benjamin Welch, Douglas, J. B. Lewis, A. C. Woodward, Sidney Rockwell, Hutchins, Williams and Worthington.

Committee to nominate Dissertator and Alternate—Drs. Knight, C. E. Hammond, Phinney, J. Hammond, Salisbury, Griggs, Nye and Sherwood.

Dr. C. Hooker, Chairman,

Recommended the following gentlemen as Delegates to the American Medical Association for 1860, viz.:

Ashbel Woodward, M. D.

J. G. Beckwith, M. D.

George O. Sumner, M. D.

P. M. Hastings, M. D.

Adopted.

Dr. A. T. Douglass, Chairman,

Recommended Elmore C. Hine, of Plymouth, for a gratuitous course of lectures at the Medical Institution of Yale College; reporting further, that the other candidates recommended by the several County Meetings were found ineligible.

Report adopted.

Dr. Knight, Chairman, recommended for

Dissertator—A. B. Haile, M. D.

Alternate—J. B. Lewis, M. D.

Dr. Beresford, Chairman,

Reported that the Committee on Unfinished Business of the last Convention, found none which they deemed worthy of attention at the present time.

Report accepted.

No report from Committee on Examination had been prepared.

Dr. Rockwell, Chairman of Committee to audit accounts of Treasurer, reported that they had found the accounts correct. Report of the Treasurer was then accepted.

The following summary of accounts was presented by Dr. G. O. Sumner, Treasurer, for publication, viz:

General Summary.

Cash in the Treasury,	-	-	-	\$87.95
Due from Clerks of Counties,	-	-	\$1,098.63	
Deduct half of this for Bad Debts, Abatements,				
Commissions, &c.,	-	-	-	549.31½
Leaves	-	-	-	549.31½
Total of Cash and due from Clerks,	-			\$637.26½
The Society owes for Debentures outstanding,				462.50
Leaves Balance in favor of the Society,	-			\$174.76½

New Haven, May 24th, 1859.

GEO. O. SUMNER, M. D., *Treasurer.*

Dr. Knight stated that the American Medical Association, at their recent meeting in Louisville, Ky., had decided to accept the invitation of the New Haven Medical Society, and would hold their next annual meeting in New Haven.

Dr. Beckwith offered the following resolutions, which were unanimously adopted, viz.:

Resolved, That we are highly gratified with the announcement that the American Medical Association are to honor our State with its annual meeting in June, 1860.

Resolved, That in accordance with the resolution adopted by us in Convention of May, 1857, we will cheerfully unite with the physicians in New Haven, in giving a cordial welcome to our brethren of the National Association.

Resolved, That for this purpose a committee of three from each county be appointed by the Fellows from the several counties, to co-operate with the Committee of Arrangements at New Haven.

On motion, the Convention adjourned to accept an invitation from the Middletown Medical Society, to visit the Portland Quarries.

Evening Session, 8 o'clock.

Dr. C. Hooker, Chairman of Select Committee, reported that they had examined the papers submitted by the Hartford County Medical Society relative to Dr. J. S. Curtiss, and found them correct and in accordance with the By-Laws of this Society, and would submit the following resolution, viz:

Resolved, That the action of the Hartford County Meeting in relation to Dr. J. S. Curtiss, has been in accordance with the By-Laws of the Society, and that the expulsion of said Curtiss is hereby confirmed.

Report accepted and report adopted unanimously.

A Dissertation was then read by Rufus Baker, M. D., of Deep River.

The address by Ashbel Woodward, M. D., President, was read.

Dr. C. Hooker offered a vote of thanks for the able and interesting address of the President, with a request that a copy be furnished for publication with the proceedings of this Convention.

A vote of thanks to the Dissertator, and a request that a copy of the dissertation should be furnished for publication, was also passed.

Dr. G. O. Sumner moved that three delegates be appointed by this Society to attend the Convention called to revise the Pharmacopeia of the United States.

Adopted.

The nomination of the delegation was referred to the Committee on Honorary Degrees and Honorary Membership.

Dr. J. B. Lewis moved that so much of the President's address as relates to the advantages to be derived by the Society from the estab-

lishment of a periodical Magazine, be referred to the Standing Committee on Publication, to be reported upon at the next Convention.

Adopted.

Dr. Burke, on behalf of the Physicians and Citizens of Middletown, invited the members of the Convention to partake of an entertainment provided at the McDonough House.

On motion, the invitation was accepted, and the Convention adjourned to 7½ o'clock, A. M., to-morrow.

Thursday, 7½ o'clock, A. M.

Called to order.

Dr. Benj. Welch, Chairman, reported the names of S. D. Willard, M. D., of Albany, N. Y., and John Ware, M. D., of Boston, Mass., for Honorary Membership; and that of John Boardman Trask, of California, for an Honorary Degree.

Report adopted.

The same Committee presented the names of Prof. Henry Bronson, M. D., N. B. Ives, M. D., and G. W. Russell, M. D., as delegates to the Convention to revise the Pharmacopeia of the United States.

On motion by Dr. Beresford, it was

Resolved, That the next Convention be held in the City of Hartford, on the fourth Wednesday of May, 1860.

On motion by Dr. Knight, it was

Ordered, That a tax of two dollars be laid upon the members of this Society, payable on the first day of June, 1859.

Dr. Hooker, Chairman, presented the following report, viz:

The Committee to whom was referred the Preamble and Resolutions of the Medical Society of the City of Hartford, respectfully report: That in their opinion the claim of the late Horace Wells, of Hartford, to the discovery and application of the principle of producing anesthesia by inhalation for surgical purposes, is supported by incontestable evidence; they therefore recommend to this Convention for approval and endorsement, the Preamble and Resolutions referred to them.

Report adopted. [Vide Appendix A.]

The following gentlemen were appointed a Committee of Arrangements to co-operate with the Committee at New Haven, to provide for the meeting of the American Medical Association in June, 1860, viz:

Hartford County, Drs. Beresford, Hawley and Hastings.

New Haven County, Drs. B. H. Catlin, L. N. Beardsley and P. G. Rockwell.

New London County, Drs. Ashbel Woodward, A. B. Haile and I. G. Porter.

Litchfield County, Drs. Wm. Woodruff, Wm. W. Welch and J. G. Beckwith.

Fairfield County, Drs. J. Sherwood, D. H. Nash and Williams.

Middlesex County, Drs. Rufus Baker, G. W. Burke and E. B. Nye.

Tolland County, Drs. Alden Skinner, T. Dimmock and C. F. Sumner.

Windham County, Drs. Wm. H. Cogswell, Lewis Williams and J. B. Whitcomb.

On motion by Dr. C. Hooker, it was

Ordered, That five hundred copies of the Proceedings be published for the use of the members of the Society.

The following delegation was appointed to represent this Society in the Massachusetts Medical Society, viz:

Hartford County, G. W. Russell, M. D.

New Haven " Joel Canfield, M. D.

New London " N. S. Perkins, M. D.

Litchfield " George Seymour, M. D.

Fairfield " S. S. Noyes, M. D.

Middlesex " Rufus Baker, M. D.

Tolland " G. H. Preston, M. D.

Windham " Justin Hammond, M. D.

Dr. Beckwith, Chairman, reported a memorial to the General Assembly on the subject of the Insane Department of the State Prison, and recommended its adoption by the Convention, and that a committee of three be appointed by the President to further, as far as possible, the objects of the memorial.

Adopted.

Drs. Beckwith, Hawley and Hastings, were appointed such Committee. [Vide Appendix B.]

Dr. Nye, Chairman, reported a list of Debentures, which was adopted.

Dr. Sidney Rockwell offered the following resolution, viz:

Resolved, That the thanks of this Convention be tendered to the Medical Gentlemen and Citizens of Middletown, for their kind reception of its members, and the cordial hospitality manifested towards them during the present session.

Adopted.

Adjourned.

P. M. HASTINGS, *Secretary.*

MEMBERS OF THE SOCIETY.

HONORARY MEMBERS.

FELIX PASCALIS,	- - -	New York,
*JAMES JACKSON,	- - -	Boston, Mass.
*JOHN C. WARREN,	- - -	Boston, Mass.
*SAMUEL L. MITCHELL,	- -	New York.
*DAVID HOSACK,	- - -	New York.
*WRIGHT POST,	- - -	New York,
BENJAMIN SILLIMAN,	- - -	New Haven.
*GEORGE M'LELLAN,	- - -	Philadelphia, Pa.
*JOHN MACKIE,	- - -	Providence, R. I.
*CHARLES ELDREDGE,	- - -	East Greenwich, R. I.
*THEODORE ROMEYN BECK,	-	Albany, N. Y.
*JAMES THATCHER,	- - -	Plymouth, Mass.
EDWARD DELAFIELD,	- - -	New York.
JOHN DELAMATER,	- - -	Cleveland, Ohio.
*WILLIAM P. DEWEES,	- - -	Philadelphia, Pa.
*JOSEPH WHITE,	- - -	Cherry Valley, N. Y.
JACOB BIGELOW,	- - -	Boston, Mass.
WALTER CHANNING,	- - -	Boston, Mass.
*PHILIP SING PHYSIC,	- - -	Philadelphia, Pa.
*LEWIS HEERMAN,	- - -	U. S. Navy.
*DANIEL DRAKE,	- - -	Cincinnati, Ohio.
HENRY MITCHELL,	- - -	Norwich, N. Y.
NATHAN RYNO SMITH,	- - -	Baltimore, Md.
VALENTINE MOTT,	- - -	New York.
*SAMUEL WHITE,	- - -	Hudson, N. Y.
REUBEN D. MUSSEY,	- - -	Cincinnati, Ohio.
*WILLIAM TULLY,	- - -	New Haven,
RICHMOND BROWNELL,	- - -	Providence, R. I.
*WILLIAM BEAUMONT,	- - -	St. Louis, Mo.

*Deceased.

SAMUEL HENRY DICKSON,	-	Charleston, S. C.
*SAMUEL B. WOODWARD,	- -	Northampton, Mass.
*JOHN STEARNS,	- - -	New York.
STEVEN W. WILLIAMS,	- -	Deerfield, Mass.
*HENRY GREEN,	- - -	Albany, N. Y.
*GEORGE FROST,	- - -	Springfield, Mass.
WILLARD PARKER,	- - -	New York.
BENAJAH TICKNOR,	- - -	U. S. Navy.
ALDEN MARCH,	- - -	Albany, N. Y.
*AMOS TWITCHELL,	- - -	Keene, N. H..
CHARLES A. LEE,	- - -	New York.
DAVID S. C. H. SMITH,	- - -	Providence, R. I.
*JAMES M. SMITH,	- - -	Springfield, Mass.
HENRY D. BULKLEY,	- - -	New York.
J. MARION SYMS,	- - -	Montgomery, Ala.
JOHN WATSON,	- - -	New York City.
FRANK H. HAMILON,	- - -	Buffalo, N. Y.
ROBERT WATTS,	- - -	New York.
J. V. C. SMITH,	- - -	Boston, Mass.
O. WENDELL HOLMES,	- - -	Boston, Mass.
JOSEPH SARGENT,	- - -	Worcester, Mass.
MASON F. COGSWELL,	- - -	Albany, N. Y.
FOSTER HOOPER,	- - -	Fall River, Mass.
THOMAS C. BRINSMADE,	- - -	Troy, N. Y.
GEORGE CHANDLER,	- - -	Worcester, Mass.
GILMAN KIMBALL,	- - -	Lowell, Mass.
JAMES McNAUGHTON,	- - -	Albany, N. Y.
USHER PARSONS,	- - -	Providence, R. I.
S. D. WILLARD,	- - -	Albany, N. Y.
JOHN WARE,	- - -	Boston, Mass.

ORDINARY MEMBERS.

The names of those Members who are exempt from taxation by age, are in italics; the names of those who have been Presidents of the Society, are in capitals.

HARTFORD COUNTY.

P. M. HASTINGS, M. D., Chairman.

GEORGE CLARY, M. D., Clerk.

<p>HARTFORD, Henry Holmes, S. B. Beresford, G. B. Hawley, G. W. Russell, David Crary, P. W. Ellsworth, <i>Benjamin Rogers</i>, E. K. Hunt, J. S. Butler, J. C. Jackson, A. W. Barrows, Thomas Miner, <i>H. Gridley</i>, William Porter, John F. Wells, William R. Brownell, S. C. Preston, P. M. Hastings, Edward Brinley, <i>Stephen H. Fuller</i>, George Clary, W. H. Tremaine, Lucian S. Wilcox, Stephen E. Fuller.</p> <p>BERLIN, E. Brandagee.</p> <p>BLOOMFIELD, Henry Gray.</p> <p>BRISTOL, Roswell Hawley.</p> <p>BURLINGTON, William Elton, 2d.</p> <p>CANTON, <i>Collinsville</i>, R. H. Tiffany.</p> <p>EAST HARTFORD, S. L. Child, H. K. Olmsted.</p> <p><i>Broad Brook</i>, Marcus L. Fisk.</p> <p><i>Warehouse Point</i>, Joseph Olmsted.</p> <p>ENFIELD, J. P. Converse, A. L. Spalding.</p> <p><i>Thompsonville</i>, L. S. Pease.</p> <p>FARMINGTON, <i>Asahel Thompson</i>.</p> <p><i>Plainville</i>, G. A. Moody.</p> <p>GLASTENBURY, Clinton Bunce.</p> <p><i>South Glastenbury</i>, C. E. Hammond.</p> <p><i>Eastbury</i>, Sabin Stocking.</p>	<p>GRANBY, <i>Joseph F. Jewett</i>.</p> <p><i>East Granby</i>, Chester Hamlin.</p> <p><i>West Granby</i>, Justus D. Wilcox.</p> <p><i>North Granby</i>, Francis F. Allen.</p> <p>MANCHESTER, Wm. Scott.</p> <p>NEW BRITAIN, <i>Samuel Hart</i>, E. D. Babcock, B. N. Comings, S. W. Hart.</p> <p>ROCKY HILL, R. W. Griswold.</p> <p>SIMSBURY, R. A. White.</p> <p><i>Tariffville</i>, G. W. Sandford.</p> <p>SOUTHINGTON, <i>Julius S. Barnes</i>, N. H. Byington, F. A. Hart.</p> <p>SOUTH WINDSOR, H. C. Gillette, <i>H. Goodrich</i>.</p> <p><i>East Windsor Hill</i>, Sidney Rockwell, William Wood.</p> <p>SUFFIELD, Aretus Rising.</p> <p><i>Terryville</i>, ——— Whittemore.</p> <p><i>West Suffield</i>, O. W. Kellogg.</p> <p>WETHERSFIELD, <i>E. F. Cook</i>, A. S. Warner, R. Fox.</p> <p>WEST HARTFORD, Edward Brace.</p> <p>WINDSOR, <i>Wm. S. Pierson</i>, A. Morrison, S. A. Wilson.</p> <p>WINDSOR LOCKS, SAMUEL W. SKINNER.</p> <p>AVON, Frank Wheeler.</p>
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NEW HAVEN COUNTY.

M. C. LEAVENWORTH, M. D., Chairman.

LEONARD J. SANFORD, M. D., Clerk.

<p>NEW HAVEN, <i>Eli Ives, Jonathan Knight, Samuel Punderson, A. S. Monson, Charles Hooker, N. B. Ives, E. H. Bishop, Levi Ives, P. A. Jewett, D. L. Daggett, Geo. O. Sumner, D. A. Tyler, Henry Bronson, E. A. Park, S. G. Hubbard, W. J. Whiting, H. W. E. Matthews, C. A. Lindsley, Worthington Hooker, T. P. Beers, T. H. Totten, John Nicoll, C. H. Austin, Moses C. White, L. J. Sanford, C. L. Ives, Edward Bulkley, Jr., J. C. O'Neil, S. C. Gourdin.</i></p> <p><i>Fair Haven, Laman Parker, C. S. Thompson, W. M. White.</i></p> <p><i>Westville, Samuel Lloyd.</i></p> <p>ORANGE, Henry W. Painter.</p> <p>BETHANY, Asa C. Woodward.</p> <p>BRANFORD, H. V. C. Holcomb.</p> <p><i>North Branford, Sheldon Beardsley.</i></p> <p>CHESHIRE, A. J. Driggs, W. C. Williams.</p> <p>DERBY, Charles H. Finney.</p> <p><i>Birmingham, Ambrose Beardsley.</i></p>	<p><i>Humphreysville, Thomas Stoddard, S. C. Johnson, Joshua Kendall.</i></p> <p>GUILFORD, Joel Canfield, Alvan Talcott.</p> <p>HAMDEN, Edwin D. Swift.</p> <p>MADISON, D. M. Webb.</p> <p>MERIDEN, N. Nickerson.</p> <p><i>West Meriden, B. H. CATLIN, E. W. Hatch, A. H. Churchill.</i></p> <p>MILFORD, Hull Allen, L. N. Beardsley, Thomas Dutton.</p> <p>NAUGATUCK, J. D. Mears, Henry Pierpont.</p> <p><i>North Haven, R. T. Stillman.</i></p> <p>OXFORD, Lewis Barnes.</p> <p>SOUTHBURY, A. B. Burritt.</p> <p><i>South Britain, N. C. Baldwin.</i></p> <p>WALLINGFORD, Nehemiah Banks.</p> <p><i>Yaleville, C. B. McCarty.</i></p> <p>WATERBURY, <i>M. C. Leavenworth, G. L. Platt, John Deacon, G. E. Perkins, P. G. Rockwell, Thomas Dougherty.</i></p> <p>WOODBIDGE, <i>Isaac Goodsell, Andrew Castle.</i></p>
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NEW LONDON COUNTY.

ELIJAH DYER, M. D., Chairman.

L. S. PADDOCK, M. D., Clerk.

<p>NEW LONDON, <i>Dyer T. Brainard, N. S. Perkins, James Morgan, Isaac G. Porter, Wm. W. Miner, Seth Smith, D. P. Francis, Albert Hobron, Robert A. Manwaring, Robert McCurdy Lord, A. T. Douglass.</i></p> <p>NORWICH, <i>Richard P. Tracy, Erastus Osgood, Elijah Dyer, Elisha Phinney, A. B. Haile, Edwin Bentley, Daniel F. Gulliver, Lewis S. Paddock.</i></p> <p>BOZRAH, Samuel Johnson.</p> <p>COLCHESTER, <i>Ezekiel Parsons, Frederick Morgan, Melancthon Storrs.</i></p>	<p>EAST LYME, <i>John L. Smith, Austin T. Perkins.</i></p> <p>FRANKLIN, ASHBEL WOODWARD.</p> <p>GROTON, <i>Joseph Durfey,</i></p> <p>LEBANON, <i>Joseph Comstock, Ralph E. Greene.</i></p> <p>LYME, <i>Richard Noyes.</i></p> <p>MONTVILLE, John C. Bolles.</p> <p><i>Uncasville, S. E. Maynard.</i></p> <p>PRESTON, <i>E. B. Downing.</i></p> <p>STONINGTON, <i>William Hyde, George E. Palmer, William Hyde, Jr.</i></p> <p><i>Mystic, Mason Manning.</i></p> <p><i>Mystic Bridge, E. F. Coats, A. W. Coats.</i></p>
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FAIRFIELD COUNTY.

GEORGE BLACKMAN, M. D., Chairman.

M. B. PARDEE, M. D., Clerk.

FAIRFIELD, S. P. V. R. Ten Broeck.
Greenfield, RUFUS BLAKEMAN.
Southport, Justus Sherwood.
 BRIDGEPORT, D. H. Nash, F. J. Judson,
 H. L. W. Burritt, *Wm. B. Nash*, Robert
 Hubbard, H. N. Bennett.
 BROOKFIELD, A. L. Williams.
 DANBURY, E. P. Bennett.
 EASTON, James Baldwin.
 HUNTINGTON, *James H. Shelton*.
 NEW CANAAN, *Samuel L. Noyes*, Lewis
 Richards.

NEWTOWN, George W. Burch.
 NORWALK, *John A. McLane*, Ira Gregory,
 Samuel Lynes, Jno. W. McLane.
South Norwalk, M. B. Pardee.
 STAMFORD, N. D. Haight, Lewis Hurlburt.
 DARIEN, Samuel Sands.
 STRATFORD, *Wm. T. Shelton*.
 TRUMBULL, *ELIJAH MIDDLE-*
BROOK, George Dyer.
 WESTPORT, George Blackman, David S.
 Burr.
 GREENWICH, J. H. Hoyt.

WINDHAM COUNTY.

ELIJAH BALDWIN, M. D., Chairman.

JAMES B. WHITCOMB, M. D., Clerk.

BROOKLYN, James B. Whitcomb, Wm.
 Woodbridge.
 ASHFORD, John H. Simmons.
West Killingly, Stephen C. Griggs, Sam'l
 Hutchins, *David E. Hall*.
South Killingly, Daniel A. Hovey.
East Killingly, Edwin A. Hill.
Daysville, Justin Hammond.
 PLAINFIELD, WM. H. COGSWELL.
Centerville, Charles H. Rogers.
Moosup, Lewis E. Dixon, Frank Burgess.
 STERLING, Wm. A. Lewis.
 VOLUNTOWN, *Harvey Campbell*.

CANTERBURY, *Elijah Baldwin*, Joseph
 Palmer.
Scotland, Calvin B. Bromley.
 WINDHAM, *Chester Hunt*.
 CHAPLIN, *Orrin Witter*.
 HAMPTON, *Dyer Hughes*.
 POMFRET, *Hiram Holt*, Lewis Williams.
North Woodstock, Asa Witter.
South Woodstock, *Lorenzo Marcy*.
West Woodstock, Milton Bradford.
 THOMPSON, Samuel Holbrook, John
 McGregor.
 PUTNAM, H. W. Hough.

LITCHFIELD COUNTY.

HENRY M. KNIGHT, M. D., Chairman.

D. E. BOSTWICK, M. D., Clerk.

LITCHFIELD, J. G. Beckwith, George Sey-
 mour, H. W. Buell, D. E. Bostwick.
South Farms, Garry H. Miner.
 CANAAN, Ithamar H. Smith, A. A. Wright.
South Canaan, John A. Gillett.
 CORNWALL, Burritt B. North.
West Cornwall, *Samuel W. Gold*.
Gaylord's Bridge, G. H. St. John.

GOSHEN, A. M. Huxley.
 HARWINTON, G. B. Miller.
 KENT, *Wells Beardsley*.
 NEW MILFORD, *Jehiel Williams*.
 BRIDGEWATER, *Horace Judson*.
 NORFOLK, Wm. W. Welch, John H.
 Welch.
 PLYMOUTH, Samuel T. Salisbury.

<i>Plymouth Hollow</i> , Wm. Woodruff.	WARREN, Jno. B. Derickson.
BOXBURY, Myron Downs.	WASHINGTON, R. M. Fowler.
<i>Lakeville</i> , Benj. Welch, Wm. Bissell, H. M. Knight.	<i>New Preston</i> , S. H. Lyman, E. P. Lyman.
SHABON, Ralph Denning, William W. Knight.	<i>West Winsted</i> , Jas. Welch, J. W. Bidwell.
<i>Wolcottville</i> , E. Bancroft, J. W. Phelps.	WOODBURY, Charles H. Webb, Harmon W. Shove.

MIDDLESEX COUNTY.

IRA HUTCHINSON, M. D., Chairman.

ELISHA B. NYE, M. D., Clerk.

MIDDLETOWN, Joseph Barratt, Charles Woodward, Elisha B. Nye, George W. Burke, Miner C. Hazen.	EAST HADDAM, Asa M. Holt, Darius Williams.
CROMWELL, Ira Hutchinson.	HADDAM, Edwin Bidwell.
<i>East Hampton</i> , F. G. Edgerton.	PORTLAND, George O. Jarvis, G. C. H. Gilbert.
<i>Middle Haddam</i> , A. B. Worthington.	SAYBROOK, Asa H. King.
CHESTER, S. W. Turner.	<i>Essex</i> , A. H. Hough, F. W. Shepard.
CLINTON, D. H. Hubbard.	<i>Deep River</i> , Rufus Baker.
DURHAM, E. W. Mathewson.	<i>Westbrook</i> , Horace Burr.

TOLLAND COUNTY.

ALDEN SKINNER, M. D., Chairman.

GILBERT H. PRESTON, M. D., Clerk.

TOLLAND, O. K. Isham, G. H. Preston.	SOMERS, Orson Wood.
BOLTON, Charles F. Sumner.	<i>East Stafford</i> , Wm. N. Clark.
<i>North Coventry</i> , Eleazer Hunt.	<i>West Stafford</i> , J. C. Blodgett.
<i>South Coventry</i> , Timothy Dimock, Henry S. Dean.	<i>Stafford Springs</i> , C. B. Newton.
ELLINGTON, Horatio Dow.	<i>Staffordville</i> , S. F. Pomeroy.
HEBBON, Otlin C. White.	VERNON, John B. Lewis.
<i>Mansfield Centre</i> , Earl Swift, O. B. Griggs.	<i>Rockville</i> , Alden Skinner, Stephen G. Risley.
<i>Mansfield Depot</i> , Norman Brigham, W. H. Richardson.	WILLINGTON, Francis L. Dickinson.

SUMMARY OF ORDINARY MEMBERS FOR 1859; WITH DEATHS REPORTED FOR THE YEAR ENDING APRIL 1st, 1859.

	Taxable.	Not Taxable.	Total.	Deaths.
Hartford County,	61	9	70	0
New Haven County,	63	7	70	2
New London County,	26	13	39	0
Fairfield County,	25	5	30	0
Windham County,	21	8	29	0
Litchfield County,	23	6	34	0
Middlesex County,	16	5	21	0
Tolland County,	16	6	22	0
.	256	59	315	2

NOTE.—Former Fellows of the Connecticut State Society are *permanent members* of the Annual Convention, having the privilege of attending all meetings and performing all the duties of Fellows, except voting. All the members of the Society are invited to be present at the meetings of the Convention.

DEATHS OF MEMBERS DURING THE YEAR ENDING APRIL 1st, 1858, WITH THE AGE AND DISEASE SO FAR AS ASCERTAINED.

New Haven County,											Disease.
Timothy P. Beers, age 28,	-	-	-	-	-	-	-	-	-	-	Diabetis.
Henry L. Fitch, age 24,	-	-	-	-	-	-	-	-	-	-	Diabetis.

DUTIES OF COUNTY CLERKS.

To warn County Meetings.

To record the proceedings of the County Meetings.

To collect the taxes and pay the same to the Treasurer.

To transmit to the Secretary a list of the elected Fellows, and the person recommended as a candidate for a gratuitous course of lectures, immediately after the County Meetings, for publication.

To make certificates of Fellowship, to be transmitted to the Secretary, on or before the first day of the Convention.

To transmit to the Treasurer the names of the Fellows elect, immediately after the County Meetings.

To return to the Treasurer the names of Members delinquent on taxes, with the amounts severally due from each.

To transmit duplicate lists of the Members of the Society to the Secretary and Treasurer, on or before the first day of the Convention, on penalty of five dollars for each neglect.

To report to the Secretary of the State Society, on the first day of its Annual Convention, the names, ages, and diseases of the Members of this Society who have died during the year preceding the 1st of April in each year, in their several County Societies.

RULES OF ORDER.

1. Organization.
2. Certificates of Membership presented and read by the Secretary.
3. Committee on the Election of Fellows.
4. Address of President.
5. Election of Officers for ensuing year.
6. Unfinished business of previous year disposed of.
7. Reception and reference, without debate, of Communications, Resolves, &c.,
from the several Counties, and Members of the Convention.
8. Reading Treasurer's Report.
9. Committee to audit the same.
10. Committee on Debentures.
11. Standing Committees appointed.
12. Committee to nominate Delegates to National Convention.
13. Committee on Candidates for Gratuitous Course of Lectures.
14. Committee on Honorary Degrees and Honorary Memberships.
15. Committee to nominate Dissertator.
16. Dissertation.
17. Reports of Committees appointed on County Communications, Resolves, &c.
18. Reports of Standing Committees.
19. Reports of Committees in the order in which business was brought forward in
Convention.
20. Miscellaneous Business.

LIST OF ADDRESSES AND DISSERTATIONS

DELIVERED IN CONVENTIONS.

- 1793 President's Address, by Dr. Leaveritt Hubbard.
1794 Prize Essay on Autumnal Bilious Fever, by Dr. S. H. P. Lee.
1794 Prize Essay on the Properties of Opium, by Dr. Gideon Shepherd.
1795 Eulogy on Dr. L. Hubbard, by Dr. Eneas Munson, President.
1795 Prize Essay on the Preparation of Antimony, by Dr. F. P. Ouyiere.
1795 Prize Essay on the Different Species of Colic, by Dr. Thaddeus Betts.
1796 Prize Essay on the Contagion of Yellow Fever, By Dr. F. P. Ouyiere.
1796 Prize Essay on Cynanche Tonsillaris, by Dr. S. H. P. Lee.
1796 Prize Essay on the Most Eligible Mode of Increasing Medical Knowledge in this State, by Dr. Lewis Collins.
1796 Prize Essay on same subject, by Dr. Gideon Shepherd.
1798 History of a case of Bilious Concretion, by Dr. Lemuel Hopkins.
1798 An Essay by Dr. Jared Potter.
1799 A Dissertation, by Dr. Thaddeus Clark.
1800 A Dissertation on Lunacy, by Dr. Nathaniel Dwight.
1804 Essay on the Stafford Mineral Waters, by Dr. Samuel Willard.
1812 Essay on the necessity of a Hospital for Lunatics in this State, by Dr. Nathaniel Dwight.
1817 Dissertation on the Deleterious Effects of Ardent Spirits, by Dr. W. R. Fowler.
1818 On Ergot, by Dr. William Buel.
1820 Dissertation on Typhus Fever, by Dr. Thomas Miner.
1821 Dissertation on Uterine Hemorrhage by Dr. Samuel Rockwell.
1822 Dissertation on the Yellow Fever at Middletown, by Dr. William Tully.
1823 Dissertation, by Dr. Dyer T. Brainard.
1829 Dissertation on Extra-uterine Conception, by Dr. George Sumner.
1830 Dissertation on Diseases of the Ear, by Dr. Charles Hooker.
1835 Dissertation on the Vitality of the Blood, by Dr. Benjamin Welch, Jr.
1836 Influence of Moral Emotions on Disease, by Dr. E. H. Bishop.

- 1837 An Address, by the President, Dr. Thomss Miner.
- 1837 A Dissertation on Scarlet Fever, by Dr. Archibald Welch.
- 1838 A Dissertation on Spinal Irritation, by Dr. Issac G. Porter.
- 1839 A Dissertation on the Mental Qualifications necessary to a Physician, by Dr. Henry Bronson.
- 1840 A Dissertation on the Advantages of Prompt and Efficient Practice in Acute Diseases, by Dr. Richard Warner.
- 1841 An Address by the President, Dr. Silas Fuller.
- 1841 A Dissertation on Insanity as a subject of Medical Jurisprudence, by Dr. Amariah Brigham.
- 1842 A Dissertation on Uterine Irritation, by Dr. Chas. Woodward.
- 1843 An Address by the President, Dr. Elijah Middlebrook.
- 1843 A Dissertation on Phlebitis, by Dr. Pinckney W. Ellsworth.
- 1844 A Dissertation on the Respect due to the Medical Profession. and the Reasons that it is not awarded by the Community, by Dr. Worthington Hooker.
- 1845 A Dissertation on Laryngismus Stridulus, by Dr. N. B. Ives.
- 1846 A Dissertation, Practical Observations on Typhus Fever, by Dr. Theodore Sill.
- 1847 A Dissertation on the Importance of a Medical Organization and the Advantages resulting from it, by Dr. E. K. Hunt.
- 1848 A Dissertation on Some Forms of Non-Malignant disease of the Cervix Uteri, by Dr. B. Fordyce Baker.
- 1849 An Address by the President, Dr. Archibald Welch.
- 1849 A Dissertation on Hygiene, by Dr. Alvan Talcott.
- 1850 A Dissertation on Medical Jurisprudence, by Dr. Johnson C. Hatch.
- 1851 An Address by the President, Dr. George Sumner, on the Early Physicians of Connecticut.
- 1853 An Address by the President, Dr. Rufus Blakeman, on the Early Physicians of Fairfield County.
- 1853 A Dissertation on Popularizing Medicine, by Dr. Samuel Beach.
- 1854 A Dissertation on Diseased Cervix Uteri, by Dr. Wm. B. Casey.
- 1855 A Dissertation on Registration as the Basis of Sanitary Reform, by Dr. Stephen G. Hubbard.
- 1857 An Address by the President, Dr. Benjamin H. Catlin.
- 1857 A Dissertation on the Medical Profession, by Dr. Benj. D. Dean.
- 1858 An Address by the President, Dr. Benjamin H. Catlin.
- 1859 An Address by the President, Dr. Ashbel Woodward.
- 1859 A Dissertation on the Issue, by Dr. Rufus Baker.

A Historical Account of the Connecticut Medical Society.

THE
ANNUAL ADDRESS

DELIVERED BEFORE THE

CONVENTION

OF THE

Connecticut Medical Society,

AT MIDDLETOWN,

MAY 25TH, 1859.

BY ASHBEL WOODWARD, M. D., OF FRANKLIN,

PRESIDENT OF THE SOCIETY.

HARTFORD:
PRESS OF CASE, LOCKWOOD AND COMPANY.
1859.



ADDRESS.

GENTLEMEN OF THE CONVENTION :—It is pleasant for us all to remember that we this day assemble in this ancient city where the founders of our venerable Society held their original meeting two-thirds of a century ago.

It is also fitting that we should express our obligations to an ever watchful Providence, that we, as an association, have been permitted to maintain an uninterrupted and as we trust a somewhat progressive state of existence from that time to the present.

In compliance with a by-law adopted by this Society some years since, and in conformity to a usage which has to some extent prevailed, it becomes the duty of the President to deliver annually an address to the Convention.

Among the multiplicity of subjects from which one might readily be selected for profitable contemplation, the pressure of professional engagements has left me little room for choice. I am almost compelled to pass over the inviting fields of Medical Science and to take up a topic which has for years occupied much of my attention. The coincidence alluded to in our place of meeting has also had its influence upon the choice of a theme.

I propose, then, briefly to review the origin and progress of the Connecticut Medical Society, and shall attempt to establish the mutual claims and obligations subsisting between this association and the profession in our State.

The time that has elapsed since the date of our organization forms one of the most eventful periods in the history of Medicine. But in

a single address, and that necessarily condensed, our medical progress will be referred to only so far as it may relate to our subject.

In May, 1786, to meet a very obvious want, and one that was extensively felt, certain practitioners of medicine and surgery convened at Hartford and petitioned the General Assembly for the incorporation of the Connecticut Medical Society. The petition, very respectably signed, was continued to October, 1786, then to May, 1787, and finally to October, 1787, when a Committee was raised to consider it.

An act for the encouragement and promotion of medical knowledge appears to have been introduced in May, 1786. In May, 1787, it passed the Lower House, but was continued to October, 1787, when it was negatived in the Senate.

It will thus appear that a leading object of the early petitioners for a State Medical Society was the encouragement and promotion of medical knowledge, or in other words, to elevate and fix on a permanent basis the standard of Medical Education, to provide a succession of thoroughly qualified physicians and surgeons adequate to the wants of the community.

To appreciate what has been done in furtherance of this object it must be recollected that from the settlement of the country in 1620 to the organization of our State Society in 1792, a period of more than 170 years, no systematic effort had been made in New England to elevate the grade of medical education, or to regulate the practice of the profession, if we except the organization of the State Medical Society in Massachusetts in 1781, of that in New Hampshire in 1791, and of two or three County Medical Associations in our own State, organized on the voluntary principle.

During the first century of our colonial existence, or to speak more definitely, during the unexpired two-thirds of the seventeenth century, there were but very few individuals in the profession of even respectable attainments. In some of the larger and first settled towns, a few able and educated physicians were to be found. Of this number was the Hon. John Winthrop, who in 1662 was made the first governor of the colony under the charter which he procured of Charles II. He was an eminent physician, ripe scholar, and a patron of science in general, having been not only a member but one of the founders of the Royal Society of philosophical transactions. His field of practice was first at New London, and successively at New Haven and Hartford. He died in 1676.

A few other names might be mentioned as among the earlier physicians in the colony. In the year 1652, Dr. Thomas Lord of Hart-

ford, obtained a license to practice physic and surgery. This was the first medical license that was granted by the General Court. Two years later, Dr. Daniel Porter, of Farmington, was also licensed to practice medicine and chirurgery. Dr. Porter acquired considerable celebrity as a practitioner, and was one of the leading physicians in the colony for more than thirty years. We will only mention in this connection two additional names who were licensed toward the close of the seventeenth century. They were those of Dr. Thomas Hooker, of Farmington, and Dr. Samuel Mather of Windsor, both of whom are believed to have enjoyed the private instructions of Dr. Porter, and neither of whom was scarcely less distinguished in the profession than their eminent teacher.

If we extend our researches nearer to our own times, we shall not fail to discover that the leading physicians in New England, especially in our own colony, were members of the clerical profession also, who during their collegiate course acquired their professional knowledge from the writings of Hippocrates, Galen and other early medical authors. Of this class of practitioners were the Bulkleys, father and son, of Wethersfield and Colchester, Elliot of Killingworth, Fisk of Haddam, and Collins of Litchfield. The two first were graduates of Harvard, the remaining three of Yale. Some of these, particularly Elliot and Fisk, were physicians of great distinction, and were not unfrequently called into the adjoining colonies in consultation.

During the whole of the seventeenth century, the circumstances of the country were not favorable to the prosperity and elevation of the profession. To become a well qualified physician, requires a course of study and a variety of observation which were not to be obtained in any of the colonies, while the great expense attending a foreign education rendered it quite impracticable for any except a very few to avail themselves of the only means of becoming regularly instructed.

The advantages likewise attendant upon an emigration hither were too remote and too uncertain to draw the educated physicians of Europe to our shores. Thus it was that in the almost entire absence of populous towns, and in the entire absence of medical institutions which constitute so powerful an attraction to the educated and to the ambitious, no one already established in practice on the other side of the Atlantic, would think of exchanging it for the hardships and privations which he was almost sure to experience in the American wilderness. It was perhaps too often the case that those and those only who failed in the old world were induced to remove to the new.

It is then evident that while religious difficulties filled the clerical

ranks with men of piety and learning, and while the favor of the crown produced a full supply of legal talent, the profession of medicine, receiving few valuable accessions, was suffered to languish.

It is true that this depressed state of the profession did not continue universal through the entire period of our colonial existence. Toward the middle of the eighteenth century wars broke out between England and France, and the theater of military operations was mostly in the colonies. From the time of the expedition against Louisbourg in 1742, to that against Havanna, 20 years later, including in the intervening time the conflict with the Canadas, resulting in their conquest by England, wars were almost constant. The British forces were accompanied by a medical staff composed of well selected and well educated physicians. Their military operations led to the establishment of many hospitals in our territories. As the colonies were required to furnish their full proportion of troops, it followed also that they were to supply their share of the medical corps. This brought many of our young men into contact with the educated and experienced surgeons of Europe. The effect was most salutary. The discipline of the camp supplied in some measure the defects of early medical education. In this way a new order of medical men was raised up and diffused through the community.

The names of those who participated in these military campaigns are doubtless familiar to most of you. Some of the earlier were Reed of Simsbury, Durant of Derby, Wheeler of Hartford, and Tudor of East Windsor. Among the later and more distinguished were Turner and Lord of Norwich, Waldo of Pomfret, and Watrous of Colchester. The five last names in this list are all to be found in the Act of Incorporation as composing a part of the original founders of the Connecticut Medical Society.

The medical works then in general use, were the writings of Sydenham, Boerhaave, Van Swieten, Mead and Huxham; the physiology of Haller; the anatomy of Cowper, Cheselden and Monro; the surgery of Sharp and Pott; the midwifery of Smellie and Hunter, and the *Materia Medica* of Lewis. These of course were all the productions of foreign authors, yet medical literature had by no means been neglected by the profession in this country.

The earliest medical publications appeared in Massachusetts, and were called forth by the prevalence of epidemic diseases, and the very first was a tract by Thomas Thatcher, a clergyman and physician of Boston. It was entitled "A Brief Guide in the Small Pox and Measles," and was published in the year 1677.

We might mention other productions which were characterized by great and varied learning, accuracy of observation, and originality of thought, and which would do credit to a later age. Thus the "Practical History of a new Epidemical Eruptive Miliary Fever, which prevailed in New England in 1735 and 36, by William Douglass, M. D., of Boston," and which was published the latter year; a "Description of American Yellow Fever," by Dr. John Lining, published in 1753; and a work on the "Treatment of Wounds and Fractures," by Dr. John Jones, published in 1776, have had a lasting reputation.

Dr. Benjamin Gale, of Killingworth, appears to have been the earliest medical writer in Connecticut. He studied medicine with the distinguished Dr. Jared Elliot, whose daughter he subsequently married. About the year 1750, he published a work entitled "Historical Memoirs, relating to the practice of Inoculation for Small Pox in the British American Provinces, particularly in New England." In this work the author advocated the utility of a course of mercury as a preparative to the disease. This production has been referred to by the celebrated Dr. Huxham, who noticed with favor the practice recommended by the author. Dr. Gale also published some essays in the transactions of the original New Haven County Medical Society. These with "Cases and Observations," published by the same Association in 1788, a work which has been referred to by foreign authors, and which gives a judicious view of the practice of the State of Connecticut subsequent to the war of Independence, if we include a work on "Pestilence," by Noah Webster, LL. D., will comprise the main part of our medical literature anterior to 1792.

During the first three-fourths of the eighteenth century, the humoral doctrines of Boerhaave held almost unlimited sway over the minds and practice of the physicians in this country. Endemic and epidemic diseases prevailed in almost all the colonies, sometimes producing very great destruction to life. Indeed we have the painful evidence that the wide-spread mortality experienced during the prevalence of certain epidemics was attributable to the low state of medical practice.

The use of mercury in the treatment of inflammatory diseases and eruptive fevers, had its origin with Dr. Wm. Douglass of Boston, in 1736. The preparation used was calomel. It was a long time before its powers were properly understood and appreciated, and before it occupied its true position as a therapeutic agent.

As late as the middle of the last century, the department of midwifery was almost exclusively in the hands of females. In some of

the more sparsely settled towns it continued to be so till near the beginning of the present.

Dr. James Lloyd of Mass., and Dr. William Shippen of Penn., were the first regular and successful practitioners of midwifery in this country. It is mainly to their success, that this delicate branch of practice has been transferred from the hands of uneducated and incompetent females.

Thus early, it is not known that any American physicians, educated in the European schools, were to be found in this, as there were in several of the other colonies. Among the most distinguished in the latter, were Drs. James Lloyd and Zabdiel Boylston, of Massachusetts; St. Gad Colden and Dr. James Ogden, of New York; Drs. John Morgan, Wm. Shippen, Jr., and Benjamin Rush, of Pennsylvania; Drs. John Mitchell and Thomas, of Virginia: and Dr. Lining of South Carolina.

The first public attempt to communicate medical instruction in America was made in 1754, by Dr. Wm. Hunter of Newport, R. I. He gave lectures on anatomy in this and the two succeeding years. He was educated under the elder Monro, at Edinburgh, was a cotemporary of Cullen, with whom, as well as with his own illustrious kinsmen, Drs. Wm. and John Hunter, he corresponded after his removal to this country.

In the year 1762, Dr. William Shippen, Jr., who had then just returned from his studies in Europe, commenced a course of lectures on anatomy to a class of twelve students in the city of Philadelphia. The same course was continued for the two following years, when in 1765 he was joined by Dr. John Morgan, the immortal Rush, and others, in founding the Medical Department of the University of Pennsylvania.

Meanwhile the New York physicians were not uninformed of what was in progress in Philadelphia, and influenced in part by a spirit of rivalry, were successful in their efforts to establish a Medical School in connection with Kings College. With a full Medical Faculty, including, with others scarcely less distinguished, the names of Dr. John Jones, Peter Middleton, and Samuel Bard, the first course of lectures was given in the winter of 1768-9.

The next movement was in Massachusetts, a little before the close of the war. In the winter of 1780, Dr. John Warren, then surgeon of a military hospital in Boston, commenced a course of anatomical lectures, which were annually continued until a Medical Faculty was organized in connection with Harvard University, in 1782, but so slow

were its beginnings, that for the next eighteen years but nine students were honored with the degree of M. B., and not one with that of M. D.

These schools, thus ably organized, were at first not well sustained. Six years after the organization of the New York School, only about twenty-five persons attended anatomical lectures, and some of these were from the West Indies. And as pressing as were our own wants, these institutions were patronized but by very few, if by any, of our own medical students. Not a single name from Connecticut is to be found upon the earlier catalogues of any of the institutions just referred to. Although it should be borne in mind that the first medical honors were bestowed upon but few, and that even at a later date they were much less sought after than at present.

They were educated in very different schools. Allusion has already been made to the benefits derived by the profession in the Provinces, from the medical corps attached to the English armies sent against the French in the war of 1755 and onward—but the war for Independence afforded a different school. In the one, the profession in the colonies acted in the capacity of students and assistants, while in the other they were left entirely to their own resources. The profession being thus compelled to act independently, and often without the necessary supply of hospital stores, it acquired that self-reliance which enabled it at the close of the war to set about establishing its infant institutions, with a zeal and an energy that was sure to result in success.

As we have shown, the medical students of Connecticut prior to the organization of the State Medical Society, had no other than private medical instruction. There were, it is true, some competent and highly popular medical teachers scattered through the State, by whom large numbers of our young men were successfully educated. Among the most eminent were Dr. Jared Elliot, of Killingworth, who has been justly regarded as the father of regular practice in Connecticut; also Dr. Jared Potter, of Wallingford, himself a student of Dr. Elliot, who for many years kept a medical school, in which several of the most distinguished physicians in the State were educated, Dr. Lemuel Hopkins of Hartford being of the number. Another, scarcely less eminent, was Dr. John Barker of Franklin, who was the first President of the New London County Medical Society, organized in 1784, to which office he was annually re-elected to the time of his death, in 1791. To these we might add the names of Dr. James Hurlbut of Berlin, and Dr. Seth Bird of Litchfield, his student; Dr. Benjamin Gale, who was the instructor of Dr. Elihu Tudor; Dr. Elisha Tracy, the teacher of Philip Turner; Dr. John Osborn of

Middletown, Dr. Mason F. Cogswell of Hartford, and others. But able teachers at that day were not always accessible, and when accessible, were not always duly appreciated. All who chose to practice medicine were legal physicians, however indifferent had been their advantages. No examination was had, nor was any license given or required. In some cases a certificate was proffered by the instructor to the student at the expiration of his apprenticeship, as it was called, but even this was often dispensed with.

With this low state of medical instruction, and in the absence of all acknowledged rules of medical police, and without ethical laws to regulate the intercourse of physicians, and consequently without harmony of action or true dignity of professional character, the state of the profession in general, could not have been otherwise than that of great, not to say extreme degradation. It was felt to be so by a class of honorable and philanthropic practitioners to be found in every section of the State.

Some of this number had already participated in the organization of County Medical Associations at home. It might or might not have been known to them generally, that State Medical organizations had existed elsewhere. New Jersey is entitled to the credit of making the first attempt to improve the condition of the profession by means of social organization. As early as 1766, the profession in that State formed a voluntary Association, which continued in successful operation till 1775, when its meetings were interrupted for a time by the military operations in that colony. This Society did not obtain an act of incorporation till 1790. The second important movement in this direction was, as we have seen, in Massachusetts, when in 1781, she received an act of incorporation for her State Medical Society. The next State Society was in New Hampshire, which was chartered in 1791.

Owing to the peculiar relations that had long existed between this and the mother country, our best informed physicians could not have been ignorant that a Medical Association had been formed in England as early as the time of Edward the IV., (1462,) when a company of surgeons, as a social organization in the city of London, obtained a charter with certain exclusive privileges.

And still later, in the reign of Henry VIII, the physicians of the city of London, or a favored portion of them, were by act of Parliament constituted a perpetual community. But it is evident that this organization was instituted, rather to build up individual interests, and to replenish the exchequer, than to protect the interests of the com-

munity, and at the same time to elevate the character and standing of the profession.

Had the physicians of Norwich, who in 1763 applied to the Colonial Legislature for the charter of a Medical Society ; and had the physicians and surgeons who convened at Hartford in May 1786, to obtain an act of incorporation for a State Medical Society, felt the true dignity of their position, they doubtless would have established medical associations on the voluntary principle, without legislative protection or interference. They did not then, more than now, need exclusive privileges. All that they did require from law in common with other citizens, was protection and freedom of action. If these Associations are to become honorable and extensively useful, the elements of their greatness and prosperity must be found to exist inherently within themselves. They can not be conferred by legislative enactment.

The people of this country had just successfully emerged from the war of Independence. They had seen that in that struggle their success depended upon union of effort. The physicians of Connecticut realized the necessity of a thorough professional reform, and felt that the consummation of this reform required not only concert of action among themselves, but legislative sanction also. Hence, the act of incorporation petitioned for in May, 1786, was granted in 1792. From that day onward to the present, if its course has not been marked by uniform prosperity, its existence at least, has been continuous. And it would be difficult to name any Association at home or abroad that has more undeviatingly aimed to promote the public good, and at the same time to secure to its members that true dignity of character which should distinguish all belonging to an honorable profession.

It is not necessary that we should revert to the various acts that have from time to time marked the proceedings of this Society. These are familiar to the senior members of our Association. Still, it should be borne in mind that our Society came into being during the most critical era in the history of medicine in this country. It was, in an important sense, a transition period. If we were not liberated from obedience to European theories, the doctrines of Cullen were fast supplanting those of Boerhaave and Sydenham. In 1790, the immortal Rush promulgated certain principles in our own country which he regarded as the foundation of a new system in medicine, and which won for him not a few disciples and admirers. It was the forming period of the profession, and while the great mass were neither learned

in science nor skilled in practice, there were to be found some who had attained pre-eminence in both.

After obtaining an act of incorporation, the Society held its first meeting in October, 1792, in this city, where we are permitted to assemble to-day. The first act of that original Convention was recorded as follows:

"Resolved, That a Committee be appointed in each county, consisting of three members of the Connecticut Medical Society, for the examination of Candidates for the Practice of Physic and Surgery."

These County Committees or Boards of Censors, were selected with great discrimination, and were filled with the most eminent physicians in their respective localities.

This was the first attempt that had been made in this State to regulate the educational qualifications deemed essential for admission to the profession, if we except an army regulation enacted during the war of Independence, and some preliminary measures which had been adopted in New Haven, and one or two other counties, to partially introduce the license system.

Among the colonies New York made the first successful effort to regulate the education and practice of the profession by legal enactment. This was in 1760, but it was confined exclusively to the city and county of New York. With the exception of a similar enactment in the colony of New Jersey, in 1772, no attempt was made to regulate the qualifications and practice of physicians by any of the colonial governments previous to the war of the Revolution.

The Massachusetts Medical Society, as already stated, was incorporated in 1781. It was authorized to elect a board of censors whose duty it was to examine all candidates for admission into the profession in that state, and to grant licenses to such as were found qualified. Similar powers were granted to the New Jersey Medical Society in 1790, and to that incorporated in New Hampshire in 1791.

The Connecticut Medical Society thus organized, with its Boards of county censors ably filled, entered upon a career of great prosperity for the next twenty years. The most benign influences everywhere marked its progress. Although it was not clothed with strong legal powers to restrain irregularities, reform was everywhere manifest, empiricism became more and more unpopular, and finally it became difficult for a young candidate to find employment if he did not possess a license, as a guaranty of his qualifications.

But it cannot be concealed that a serious want was felt in the pro-

fession, and perhaps out of it too. And it is one of the most singular features connected with the history of colonial medicine, that so little attention was paid to professional education. This is the more remarkable, inasmuch as our colonial ancestors were fully alive to the importance of general instruction, and the most honorable efforts were made to establish it on a respectable foundation. As early as the year 1700, Yale College was established, yet no provision was made for instruction in the medical sciences for the next one hundred years. About the year 1801, the corporation passed a resolution to institute a medical professorship. This resulted in no further action till in the year 1810, to meet a very manifest want, the legislature of the state, upon the joint application of the corporation of the college, and the President and Fellows of the State Society, passed an act to establish the Medical Department of Yale College.

The first course of lectures was delivered in the winter of 1813-14. During the first twenty-five years of its existence the whole number of those who received medical instruction in the institution, in whole or in part, was, we believe, considerably more than one thousand.

During this period, about four hundred have received the degree of Doctor of Medicine from the President and Fellows of Yale College, and nearly three hundred have been licensed to practice by the President of the State Society.

In granting degrees, the college and the society have been so equally represented in the Board of Examination that neither has had just cause of complaint, while the public interests have always been secured.

We shall not attempt to estimate the amount of influence that has been produced by the united efforts of the society and the college. Possessing, as the latter always has, a faculty inferior to that of no similar institution in our country, the results have been most salutary.

I trust that it is a source of sincere gratification to us all to meet one of the original members of this Board of Instruction in our convention to-day.

Without pausing to particularize, we are happy to observe, that the instrumentality of the society in founding humane institutions, in perfecting a system of medical ethics, and in devising measures of sanitary reform may well be pointed to with satisfaction and pride.

Without any change in our organization, but with some improvements in our financial and publishing operations, we are of the number who are full of hope for the future. This has been inspired in no inconsiderable degree by the organization and very successful career

thus far of the American Medical Association. The interest developed by this movement has extended itself till it embraces the profession in the whole country;—and besides other important results, it has re-animated old associations; has led to the formation of new ones where none existed before; has caused a more open and liberal intercourse among medical men, and has produced a more active and universal sense of the high aims, interests, and responsibilities of the profession.

Hence, notwithstanding the abolishment of all laws regulating the practice of medicine in this and most of the other states, and the consequent absence of all legal protection, the profession was never making more rapid advancement in its education, in its science and literature, and in its social position than at present.

Experience has everywhere demonstrated that, comparatively, little reliance can be placed upon legislative action to promote the welfare of the profession, or to protect the health of the community. If this is true, then it follows that whatever is done to secure the above objects must be accomplished by the profession itself. The measure of its usefulness and its honor are entirely in its own keeping and dependent upon its own action.

Observation and facts have also demonstrated that associated action is the great characteristic feature of the age. If then it is important to effect a more complete and thorough organization of the profession on such a plan as to embrace in the local societies every regular and scientific practitioner, and if such social organization is to be sustained and kept alive by the voluntary contributions of its members, then it is plain that an enlarged and liberal sentiment must universally pervade the professional mind and develop a nobler idea of what a physician should be, both professionally, so to speak, and socially.

But in order to insure both permanency and efficiency, and to continue within our ranks every worthy member of the profession; it requires only a limited knowledge of the past history of medical organizations to make it evident that without some collateral aid, some permanent resource for increasing the interest, and perhaps, for lightening the burthens of such associations, they will almost inevitably sink to a mere nominal existence.

With a view to obviate such disaster, and at the same time to give new vitality to our organization, we would submit for your consideration, if not for your immediate action, the practicability of establishing a Medical Periodical under your own direct auspices and censorship. In addition to the ordinary matter embraced in journals of this char-

acter, it would very properly contain the 'Proceedings of your State and County Societies; at the same time affording a medium of communication between the profession at home and abroad.

The Editor or chief conductor, should be appointed by the Society through a committee to act as a Board of Publication. The publishing department might be committed to individual enterprise, with the necessary guarantees from the Society.

It is not my purpose to submit any mature plan of publication. I rather propose it as a measure well calculated to re-animate and perpetuate our Association. In a Convention like the present, it would be wholly superfluous to allude to the advantages of reading and study to the medical man. I am assured of your hearty concurrence, when I assert that every physician, even after entering upon the active duties of his profession, if he would properly discharge his obligations to the sick, or if he aspire to eminence, must continue without intermission, judicious habits of mental application. He is required not simply to investigate disease at the bedside of his patients, but also to keep himself informed of the advances made in all departments of medical science. This can only be attained by reading at least one well conducted medical journal.

Dr. Thatcher, in noticing the New York Medical Repository, a pioneer Medical Journal in America, projected in 1798, remarked "that it might with great truth be said to have contributed more largely than any other single publication to that taste, in medical investigation and improvement, which had been for a number of years so rapidly advancing on this side of the Atlantic."

We repeat that it is mainly due to medical journalism, to the periodical press, that a correct professional sentiment is established and sustained. These journals constitute a most essential part of our medical literature, and their conductors are not only responsible for the character of the contents, but they very properly assume the function of censorship over every other department of medical writing.

I am aware that this proposition may be regarded, and perhaps very generally, as Utopian—as impracticable.

It may be objected, that there are now periodicals enough of the kind—more than are well conducted and well sustained.

That our proximity to the larger cities renders such an undertaking unnecessary.

And besides, the area of our State is insufficient to furnish the requisite patronage.

To the first of these objections I would reply, that every locality and every Association have their own peculiar wants.

Again : as regards our resources, for subject matter, we feel assured that the senior members of the Society could regularly furnish monographs of great value which otherwise might never be drawn forth. But to the younger members, would such a publication prove especially beneficial. We have many physicians in our ranks, close observers, good reasoners, and judicious prescribers, who yet never report one of their numerous cases, nor reduce to writing their views, however original in conception, sound in theory, or useful in practice. If the field of medical knowledge had already been thoroughly harvested, and only a few stray ears were left to repay the toil of the gleaner, such neglect would be excusable. As it is, we have hardly crossed the confines of our territories, and the golden sheaves hitherto garnered, but bespeak the fertility of our inheritance. While opinions on questions of ethics and religion, of justice and politics, are weekly disseminated through a thousand channels, shall we remain content with present acquisitions nor attempt to add to the legacy bequeathed to us by our professional ancestors? But to make the treasures of experience available, requires power of analysis and method, of close thinking and accurate reasoning. The nature of our calling does not secure intellectual discipline by offering an arena for the clash of mind against mind, as is the case in law. And this we regret the less, because as the pen gives opinions wider circulation than oral utterance, so its assiduous use is the most effectual means of training those faculties, the thorough culture of which ensures to the physician a career of usefulness and eminence. If we have a Journal of our own—the index of our ability—sentiments of pride as well as philanthropy, will enlist in the cause the choicest talent of the State.

Again : while it must be acknowledged that Metropolitan cities, where talent and capital are aggregated, possess superior facilities for journalism, yet the influence of these cities should by no means grow to such an estate of overweening magnitude as to reduce *the country* to a condition of inglorious dependence.

To unenquiringly borrow from them our opinions, or yield assent to their dogmas as *ex cathedra* and authoritative, would be no less than a virtual surrender of the most precious of our birthrights. Bold, self-sustaining independent habits of thought constitute the very foundation and ground work of intellectual power. Plant an elm in the open field and it will grow to majestic proportions. Plant the same

elm beneath the shade of another that has luxuriated in the sun-light of a hundred summers, and it will always be a dwarf. As individuals, eager to promote mutual improvement and the good of our common cause, let us put on the whole armor; especially let us not slightly esteem the pen which in days of modern amelioration has become a weapon mightier than the sword.

To these remarks, already much too long, we merely add the sincere hope that our annual Convention may prove one of much pleasure and profit to the members present, and that our acts may inure to the general and permanent prosperity of the Society.

THE APPLICATION OF THE ISSUE.

A Dissertation read before the Annual Convention,

BY RUFUS BAKER, M. D., OF DEEP RIVER.

GENTLEMEN OF THE STATE MEDICAL SOCIETY:—You have seen fit to appoint me to present to your notice on this occasion, some of the results of my experience in the practice of our common art. I have complied with extreme diffidence, not only that the habits, acquired through more than sixteen years of a somewhat active business life, have quite unfitted me for any extended literary labor, but also that during the past year my time has been so occupied, that I have found it impossible to give even the most trivial subject a fair investigation.

I have prepared for you, therefore, no rhetorical essay upon the disputed but popular topics in our science; I have gone into no new field of experiment; I bring you no ingenious web of theories. We, gentlemen, as members of an active and philanthropic profession, have no time to be *theorists*. Stepping aside for an hour from the busy round of our very practical life, we have gathered here to exchange our experience for another year, acquire perchance from each other a few new ideas, and again take our places as hard-working, earnest men.

It is one of the most beautiful features of our science, that it rests upon a few simple truths. The student need not be bewildered by long series of axioms and propositions; the practitioner, if he be true to the faith he once professed, may walk a straight and narrow path; for, like the solitary ray, guiding the seaman amid the storm, so gleam along the lapse of years those grand old truths, bequeathed us by our early fathers. Glorious legacy! uninjured by the prejudice of enemies, safe amid the turmoil and contention of friends, undimmed by the mould of ignorance, and untarnished by decay.

This is emphatically an age of new ideas, of bold experiment, and of rapid theory. It is a subject of regret, that in our independence we mistake impudence for freedom of thought, and having been so long accustomed to form and change theories of our own, we now presume to laugh at the conclusions to which our fathers arrived, and even cast aside those truths which have had the experience of centuries to confirm them. Sects and schools, isms and pathies, are rising up around us, claiming, and in many cases securing, a large share of the patronage of the people, and boasting, with too much truth, of their adherents from our own ranks. Lamentable as it is, facts are every day showing us that dishonesty is becoming too common in the medical profession. At the present day the temptations are so strong to yield to the allurements offered by the various systems of medical heresy; the plain, honest practitioner is so poorly appreciated, and so meagerly rewarded, while the coffers of quackery overflow, that it requires an unusual devotion to our art to retain the stern integrity of the true physician. We do well, therefore, occasionally to revert to those time-honored principles which we have received from the past, and thus to determine how far our progress has been genuine, by observing how nearly it conforms to the great fundamental truths of our art.

I ask, therefore, your patient attention to a few results of my experience in the workings of one of those familiar truths. In this I expect not so much to impart new ideas, as to refresh old ones; desiring not so much the fame of the explorer, as to find my experience confirmed by that of my brethren.

The Issue, as a curative agent, has received of late years very slight attention. Few medical writers have given us any ideas, save the most vague, of their action upon the system, or have discriminated with any degree of exactness in their application to the various forms of disease. Yet no remedy is more common in nature, none has had so much of the confidence of the profession; few are capable of being wisely applied to so much advantage; and yet, strange to say, few have been employed so blindly.

The fathers of medicine were close and patient observers of nature. They laid down no dogma, striving to compel her conformity to their presumption. They learned from her teachings, and imitated her in their practice. They were fond of expressing those truths in short sayings, or proverbs. We know the grand dogma of Hippocrates was that upon which the whole theory of Allopathy is founded—" *Contraria contrariis curantur.*"

I shall not occupy your time in discussing the doctrine of counter-irritation. Knowledge is but observation; and we, both as men, and as physicians, are every day presented with evidences of its truth. The particular channel through which this remedial agent acts, other than its power as a derivant to the circulation, we may not be able to define. What part may be assigned to the nervous system, future observation may be able to determine; but that its office, both in producing and removing derangements of the various organs, is an important one, no one can have failed to remark. It is to one of the forms in which this principle is applied—the Issue—that my mind has been directed for some years.

The action of the issue as a curative agent is evidently three-fold: as a counter-irritant, stimulant, and a drain.

1st. As a counter-irritant, it operates by exciting the blood-vessels near the surface, attracting the blood to the issue and adjacent parts, and in the same degree diverting it from the inflamed part, thus relieving the deep-seated inflammation. On this principle the moxa, dry-cupping, setons, and other topical applications, are made use of to relieve inflammation of the brain, spine, &c. Information of the beneficial effects of this remedy has recently reached us from across the sea; that the terrible results of the injuries received by Senator Sumner, have yielded to the hardly less terrible application of the moxa—the favorite remedy of Larry and other eminent French surgeons of the past and present; though it has never been entirely naturalized this side of the Atlantic.

2d. It acts as a stimulant to the internal organ, on the same principle that we make stimulating applications to the external parts. No argument is needed to prove the absorbing power of the lymphatics through the skin. We are all familiar with the internal effects of cantharides, from the application of a blister—with the absorption of turpentine when applied externally. We apply mercury endermically, when we wish a speedy constitutional effect. Morphia, strychnia, and a variety of other medicines, are applied externally, to produce internal effects by absorption. We are also familiar with the effects of local stimulants to old ulcers, or any local inflammation of an atonic character. In like manner it is believed that when a caustic is applied to the skin, portions of that caustic are absorbed and carried into the circulation, producing an effect upon distant organs.

3d. The issue operates in imitation of nature, as a drain to the system, or takes the place of a natural drain, affecting some vital organ. The human system is so constituted, as to contain within

itself, to a great extent, the elements of repair, and our efforts to restore a diseased organ to its normal state, must, if successful, act in harmony with this great truth. In a healthy condition of an organ, the changes of growth and decay that must be constantly going on, we are told by physiologists, are accomplished in the capillary system of blood-vessels, as it is through these capillaries that the fluids are converted into the necessary solids—the solid receiving from the blood and assimilating with its proper substance, material, particles identical in their nature with those of which it already consists; and the solid also giving up to the blood, and relieving itself of other particles which before formed a portion of itself, but which have become unfit or superfluous. Now any departure from this continual change of adding and subtracting particles, or any excess or defect of the particles added, or the particles subtracted, or in their kind or quality, or any deviation from the regular process of nutrition, changes the character and quality of the blood, as well as the solid thus acted upon. These lesions of nutrition, then, together with deficient excretory action, render the fluids of the system, so to speak, impure in their character; and it is to their purification that the repairing efforts of nature are directed, and to the aid of which our art, to be successful, must also be directed.

Though I cannot, by any means, adopt to its fullest extent the old humoral pathology, that all maladies are attributable to some acrimony or peccant state of the humors, yet I am still farther from taking the other extreme—the doctrine of the solidists.

The solids of the body being built up and kept in repair by materials furnished by the blood; and the worn-out particles of the solids being taken into the blood, to be conveyed out of the system; it is evident, that, if any organ fails to appropriate to itself particles destined for its repair or growth; or, if particles fail to be eliminated from the blood, destined to be thrown off as waste matter, the healthful condition of the circulating fluid is altered, and consequently the harmonious working of the system disturbed. The impure fluids or those particles which have not been excreted, as well as those that have not been appropriated, remain in the system, and are often deposited on some feeble or imperfectly nourished organ, making it a sort of reservoir for the accumulation of these fluids. Now what is the operation of nature, when she is successful in relieving the system of this source of disease? The facts are familiar to us all, that one disease is often removed on the supervention of another, and that the exception to this truth seldom occurs, when the substituted disease is

connected with a drain from the part of the system affected. Tubercular disease of the lungs is frequently cured by the supervention and continuance of fistula in ano, or some other suppurative discharge. Many diseases of the internal organs get well on the appearance of a cutaneous eruption, or a succession of boils; diseases are suddenly arrested by a critical discharge; a monthly hemoptisis sometimes occurs in place of the menstrual discharge: cervical abscesses have been known to cure hydrocephalus, &c.

Taking the above view of the operations of nature, the idea that naturally suggests itself is, to establish in imitation of nature, an artificial drain from the body, which in the same manner shall remove these retained matters, which are acting as poisons to the blood.

This principle holds good also in our treatment of the products of inflammatory action in any part of the system; and accordingly we find blisters and issues of benefit after the acute stage of otitis, iritis, pleuritis, and kindred diseases. We are accustomed to take advantage of this principle in administering cathartic and diuretic medicines in typhus and malignant fevers, as well as in those of a more sthenic character, which are attended by a general diminution of the excretive function. On a similar course of reasoning we discriminate in our application of the various caustics to the diseases of the uterine cervix. In that form, which consists in a simple ulceration of the mucus membrane of the cervix, and os, with little or no induration of the submucous tissue, we find much benefit from the application of the Lunar Caustic. This stimulates the circulation of the part to a healthy action, at the same time that, by coagulating the albumen of the tissue, it forms a bland coating or poultice over the part, thus facilitating the cure. But in those cases, which are met in the married more frequently, where, with the state above described, there is connected an engorged and indurated condition of the body of the cervix and the posterior wall of the uterus, attended by chronic leucorrhea, and more or less prolapsus, we must resort to other measures for a cure. No course of treatment has proved so successful as the application of the Caustic Potassa, repeated at intervals sufficient to keep up a continual discharge or drain.

But with these facts we are all familiar: I will, therefore, proceed to the consideration of some of the chronic diseases of an asthenic character, which more properly depends upon arrested secretion or excretion. Here we have found the issue of peculiar benefit. Take for example a cold or catarrh—one of the most frequent affections in our climate. The function of the skin is arrested by the exposure to

cold, and particles are thrown back into the circulation that ought to have been eliminated by the cutaneous excretion, and this retained excretion becomes a poison, and it is as virtually so as if it were a poison introduced from without the system. Now, what is the result? Nature sets about to relieve the system of this poison in the blood; and the different parts of the respiratory mucous membrane become a vicarious emunctory for this suppressed cutaneous action, and the inflammation connected is, no doubt, in a great degree the result of the presence of the morbid material in those parts. The treatment, in a recent case, is plainly to restore the functions of the skin, which may be accomplished by diaphoretics, diluents, warmth, &c.

But suppose this state of things lasts for months, or even years, producing a chronic catarrh or bronchitis; in this case, the diaphoretics, &c., will, we know, accomplish little; the vicarious excretion still continues, and with it the inflammation, produced by its presence in the mucous membrane. Suppose, further, that this occurs in a person of scrofulous constitution, or imperfect assimilating organs; then tubercular matter is accumulated upon this already weakened part, producing still more extensive inflammation. This inflammation is attended by the softening, and of course, the ultimate expulsion of the tubercular matter, often effecting a cure of the disease by nature, in the same way that scrofulous matter is removed from the cervical glands, by the ulceration and dissolving of tubercular matter in them. The lungs would doubtless often be cured spontaneously, were it not the fact that, while scrofulous matter is being removed from one part of the lung, it is multiplied in another; till at length death ensues as the consequence. I believe that there is no means within the reach of the physician that so certainly fulfills this indication—to prevent this multiplication of tubercular deposit—to divert this vicarious excretion as an artificial drain from some other part of the system, properly regulated, and properly applied.

From what has been said, it is apparent that persons of a scrofulous diathesis are the class of cases that are most benefited by the use of issues; and if a cure is not effected, I think we can safely adopt the language of an eminent medical writer, who says, “If we can venture no further, we may unhesitatingly assert that we have seen the issue retard the progress of tubercular consumption. They seem in these cases to act as safety valves to the system; letting off any incipient disposition to inflammation, and thus, without much impairing the strength, enabling the body to bear tonics and a more generous diet, than it would otherwise support.”

"The plan of introducing issues," says Mr. Liston, "has rather gone out of fashion: but there is nothing I am more convinced of, than the propriety and necessity of this practice being adopted in some cases. Nature often seems to establish them for the prevention, relief, or cure of internal diseases."

Says Dr. C. J. B. Williams, *Cyclopedia Prac. Med.*, "When energetic, these remedies (Issues) are of great utility in chronic inflammations of various kinds. If any distinction can be made as to the kinds in which they are the most serviceable, it may be suggested that the *circumscribed textural inflammations* of *viscera* are *peculiarly benefited* by *their use*. When of more moderate form, and secreting serum, they act rather as evacuates, and have been, not unaptly, compared to a new secreting gland in the system."

I have found the issue of decided use in all chronic inflammations, where the vitality of the system was not too low, and particularly in disease connected with a scrofulous diathesis; the violence of its action being varied to the condition and strength of the patient, and the kind of issue to the indications to be fulfilled.

If issues are of so much service as a remedial agent, it becomes a question of practical interest to ascertain what are the best and most efficient issues, and what is the best mode of their application. Nitric acid makes a good issue; yet there are strong objections to its use; it destroys the cellular tissue of the part to which it is applied, making the character of the discharge different from that obtained from the surface of the skin, and cannot be sufficiently often repeated to obtain its beneficial action, by the absorption of its acrid principle. Yet, when a counter-irritant alone is wanted, it is efficient; and cases that have come under my own observation might be related, where it has been evidently of the greatest benefit. Caustic Potassa or Vienna Caustic also makes a good issue; yet its objections are the same as those of the acid. Chloride Zinc paste does well in the production of small issues; but it is intensely painful, where a large surface is covered, and somewhat uncertain in its action. The same objection may also be urged against it that applies to the Nitric Acid issue. The same also applies to setons, and all discharges where the application does not require frequent repetition to keep up the discharge, and where the discharge is produced from the destruction of tissue. Of the vegetables that are used in the production of an issue, the Croton Oil is admirable in some cases, though hardly active enough in severe disease. The Mezereon the same. The root of the Arum or Indian Turnip, and seeds of the Skunk Cabbage have been tried; but there is hardly

sufficient data to pronounce authoritatively concerning them. Some of the species of *Rhus*, particularly the *Rhus Radicans* or Poison Ivy, have been proposed; but their action is too uncertain, and effects many persons too violently to make them either safe or reliable. The roots of several species of *Ranunculus* have been tried for this purpose. The *R. Acris* and *R. Sceleratus*, which are among the most common species, do not seem to act with much efficiency. They produce a sore and a serous discharge, and as stimulants and counter-irritants, no doubt are of service where a drain from the system is not needed. The *Ranunculus Bulbosus* is much more efficient, and in my opinion, makes the best article, to produce the three-fold action of the issue, that our *Materia Medica* affords.

There is evidently a marked difference between the action of issues produced by the destruction of cellular tissue to a greater or less depth, and those, the discharge of which is obtained from the papillæ of the true skin, the latter being, as a general thing, alone beneficial in those diseases of debility we have just been considering. This we may readily understand when we consider that the action of the deep-seated issue is followed by the efforts of nature at repair, requiring an expenditure of vital force, wholly incompatible with the wants of the enfeebled organ. Here we claim to be the peculiar advantage gained by the use of the latter class of issues, and especially of the *Ranunculus*,—that we secure all the therapeutic effects we have before attributed to this class of remedies, especially that of a stimulant, with but little depression, or exhaustion of the vital force.

A very fair description of this plant (the *Ranunculus Bulbosus*), may be found in the United States Dispensatory.

I have used this article for many years, and in a great variety of cases and diseases where the inflammation was of an atonic character, and can bear testimony to its value. True, I have found an occasional case, where its action was too violent; but this has been rare. Generally, the application, particularly in persons of a scrofulous constitution, has been attended with febrile symptoms for a few hours, passing off, in many cases, with pleasant exhilaration; patients often expressing surprise that they felt so much better and stronger than they had for a long time previous. Cases have been of frequent occurrence in my practice, where I have been called upon to apply the *Ranunculus* issue, to relieve the individual of a feeling of prostration, the patient claiming that the issue applied, perhaps months or years before, so much increased the strength that they are anxious to make another trial.

In applying this article for the purpose of making an issue, it is necessary that the plant should be used in its green or fresh state, as the acrid principle is lost by drying, or by the application of heat. My mode of making the application is simply to apply to the part I wish to vesicate, the fresh bulb, bruised, letting it remain on four, six, or eight hours. After its removal, I make application of plantain, beet, or cabbage leaves for some twenty-four hours; then remove the cuticle, and dress the part with some mildly stimulating plaster. I generally use the Emp. Galban. Comp. The purulent discharge is kept up for ten days or two weeks, when another application is necessary, if it is desirable to continue the discharge.

In ascertaining what is the best article with which to make an issue that will produce the effects desired, the question naturally arises, what is the best location for its application?

If the action of the issue was to counter-irritate, to act simply as a derivative or revulsive, there would be great propriety in making the sore as far as possible, even, from the diseased part. But experience proves the contrary—that their value is in proportion to the nearness of the issue to the part affected. Hence in diseases of the lungs I invariably apply my issue to the inside of the arm, that portion being anatomically much nearer to the part affected, than if applied directly to the chest, over the lung diseased, the arm on which the application is made corresponding with the lung affected; in all cases, seeking where it is convenient, to apply the issue as near as possible anatomically to the part diseased.

In proof of the value of the issue, and particularly that of the Ranunculus issue, as a remedial agent in the cure of disease, I crave your indulgence while I relate a few of the many cases treated by this means, combined with the use of mild tonics, which are generally given in connection.

CASE 1. Mrs. P. L.—Inheriting a scrofulous constitution, she had, for about one year, been the subject of a severe and troublesome cough; mucopurulent expectoration, and frequent slight attacks of hemorrhage; almost constant pain in the left side.

TREATMENT. Application of issues of Ranunculus to left arm, producing for the first few hours a very active febrile disturbance, passing off pleasantly, and followed by a free discharge of fetid matter. A free use of porter and generous diet. The issues were frequently repeated for about six months. The discharges became less fetid, and health gradually improved, till she was discharged well. This was in the summer of 1852; since which time she has enjoyed very good health.

CASE 2. Mrs. C. G. aged 34. I was called to visit this case in the Spring of 1855. Of a scrofulous diathesis. Two years previously, a tumor had been removed from the left breast by a celebrated cancer doctor. This he pronounced cancer; and it was removed by the application of caustics. She had for the last three months been undergoing a course of dosing, by one of the same class of doctors, for consumption. I found her with a frequent pulse, hurried respiration, pain in right side, severe and troublesome cough, with expectoration of mucopurulent matter, often streaked with blood: had had frequent turns of slight hemorrhage from the lungs, emaciation going on rapidly, extreme debility, being hardly able to walk across the room. This patient had taken so much medicine that she was averse to taking more, as the stomach had become so irritable, that it had been rejected for some little time previously; and during my whole treatment, the only medicines given were small doses of subnitrate Bismuth in infusion of Colombo, for the purpose of allaying that irritability. Applications of the *Ranunculus* issue were made to the arm, which produced the usual febrile excitement, passing off pleasantly in a short time. The suppuration was copious, with an offensive smell at first, during the discharge, which continued for a little more than two weeks. She rapidly gained strength; the cough lessened in violence; expectoration, also, became much less. The discharges from the arm were kept up for about three months; the applications being repeated as often as necessary to keep up a discharge of matter. She was then dismissed, calling herself well. Since that time to the present, she has enjoyed very good health; having called on me about a year afterwards to make an application of the "plant" to the arm, as she felt weak, and knew by experience that it would give her strength.

CASE 3. In the Spring of 1858, I was called to visit a young man aged eighteen years, laboring under Hemoptisis. He had discharged large quantities of blood previous to my arrival. Acting on the principle that the character of the hemorrhage required stimulants to the part diseased, turpentine was administered by the mouth, and an issue applied to the arm. After the hemorrhage subsided, mild tonics were given, and continued with the issues for a long time. Frequent examination of the chest revealed quite extensive tubercular deposite in the right lung. This, together with the fact that two members of his family had died of phthisis, gave the case a very unpromising character. The treatment was continued for several months, and as much exercise in the open air enjoined, as could be borne. At this time,

May 20, he is in tolerable health, and able to labor as much as usual. Auscultation gives evidence that tubercular absorption has taken place.

Tubercular disease is, it has been said, a disease of diminished nutrition and weakness, and of course requires a general invigorating and supporting system of treatment; yet at the same time, it is an established fact, that in the immediate vicinity of tubercular deposit, there is a greater or less amount of inflammatory action, involving the adjacent structures. This inflammatory action, it is believed, is relieved by the *Ranunculus* issue, on the principles of counter-irritation, which, at the same time, stimulates the disintegration of the tubercular matter, that is already formed, and, by the drain from the circulatory system, removes this disintegrated mass, with other morbid matters, from the circulation, which in time, would be added to the mass already formed.

CASE 4. E. R., a child two years old, came into my hands in April, 1846. It had been treated for scrofulous ophthalmia most of the time for one year. For the last six months the mother had been confined to a dark room with the child, as it could not bear the light. I found it impossible to make a satisfactory examination on this account. I discovered that the cornea of both eyes was partially covered by the effusion of lymph.

TREATMENT. An issue applied to the back of the neck by means of caustic potassa; generous diet; and as much exposure to light and air as could be borne. In one month the child was about, without a covering to the eyes; and at this time is a healthy person.

CASE 5. Mrs. W. S., aged 44. A large and modulated swelling of the right breast. It had been pronounced schirrous by a physician, who had previously examined it. Treated by repeated issues of *Ranunculus*, mild tonics and alteratives. In three months the swelling disappeared, and has not returned. The woman is healthy.

CASE 6. Mrs. P. First visited her in the winter of 1854. Had been troubled with cough and bronchial irritation. For several years since an attack of measles, that did not "come out" properly: but her symptoms had been greatly aggravated from taking cold, some six weeks previously. The disease was attended with loss of voice, an almost constant and harassing cough, and muco-purulent expectoration, frequently streaked with blood. There were no positive signs of the presence of tubercles in the lungs; as auscultation revealed only mucous and bronchial rales over both lungs, with very slight dullness, and prolonged expiration under the left clavicle: although she presented many of the rational signs of tubercular consumption. There was

evidently follicular inflammation of the pharyngeal membrane, extending beyond my power of examining; and believing this a good case for the topical application of a solution of nitrate of silver, I made trial of it thoroughly and perseveringly, and with the greatest confidence in the success. After a few weeks trial it was abandoned, and the Ranunculus issue made use of and repeated for some four or five months, when her health being so much improved, treatment was discontinued. Since which time she has enjoyed comfortable health. Once or twice in the time, she has asked for a Ranunculus issue, as she was beginning to have some of the old feeling about the throat.

Much has been said and written in favor of inhalations and the topical application of nitrate silver in Phthisis, and Bronchial and Laryngeal diseases. In allaying the irritation of the part to which they can be applied, their use is undoubted and important; and I would accord all honor to those who have made these discoveries and perfected the plan for application. But in comparing facts with the theories that are put forth, and observing that when chronic diseases of the character to which I have referred, are decidedly improved by remedies, there is such marked evidence that these remedies act through a general, rather than a local influence, that the argument is strengthened by these observations, that these local developments are the result of constitutional affection, rather than local diseases with sympathetic constitutional disorder, and are not, and can not be cured by these topical applications alone.

The following is from a practicing physician of this State:

"You ask the result of my experience in my own case, as to the utility of the issue. As you are aware, the issue was inserted as a remedy against the recurrence of a urino-genital inflammation, to which I had been subject, as well as a state of general plethora. The effect on both these has been decidedly beneficial; and from an early period after its insertion, which is now more than two years, to the present, I have had but little of my former trouble. An old chronic cough, with which I have been more or less harassed for more than twenty years, has been materially benefited; and for a year or so past my general health and strength have been better than for many years; and I have scarcely taken a cathartic since the insertion of the issue, although I formerly found it absolutely necessary to do so very often."

Repeated cases might be related illustrating the remedial effects of various kinds of issues; such as blisters, kept discharging by Savine

Cerate, Caustic Potassa and Lime, Setons, Croton Oil, Tartar Emetic Ointment, &c.

But I forbear, craving your attention but a few moments longer, to the following deductions :

1st. If the doctrine of counter-irritation be true, and I think it would be an herculean task to controvert it, it then follows that in diseased action or rather inflammation, where the indications are to produce revulsion or counter-irritation, those articles should be selected that produce no stimulating effect upon deep-seated organs by absorption, but act directly and solely upon the parts to which they are applied ; such as the Seton, Actual Caution, Hot Water, &c.

2d. If it is true that the acrid principle of counter-irritants is absorbed and acts on deep-seated parts in the same manner that stimulating applications operate on superficial parts, of which there is evidently abundant proof ; it then follows, that in diseases of mucous membranes, tubercular exudations, and all inflammations of an asthenic character, will require for counter-irritants those articles of which a greater or less amount of acrid principle will be absorbed.

Though the probable theoretical action of the issue as a stimulant has been hinted at, yet facts strongly denote that they do more. By their stimulant effects to the terminal lymphatics of the skin, it is more than probable that they excite the glandular and lymphatic systems to a healthy action, and thereby prevent the formation of scrofulous matter in the system. The lymphatic system failing to perform its office, as it does in scrofulous disease, the indication in treatment is plainly to find some remedies that will restore its normal action, and facts point to the stimulant effects of the issue as one of these remedies.

3d. If the doctrine be correct, that disease is produced by faulty nutrition and excretion, and that thereby morbid matters remain in the circulation, acting as poisons, or are deposited on some imperfectly nourished organ, producing destructive inflammation, the indications are plainly to remove this morbid matter from the system ; and without a theory even, facts abundantly prove that a suppurative discharge or drain from the circulation, does very often, certainly and speedily, fulfill this indication.

SANITARY REPORT.

Read before the Hartford County Medical Society, April 21, 1859.

MR. CHAIRMAN AND GENTLEMEN:—The Sanitary Committee of Hartford County for the year 1858, would respectfully report :

That they have endeavored to obtain such information, relative to the objects for which they were appointed, and would qualify them to present some statements that would be of value to the society. The customary circulars have been sent to all the members of the society, requesting each one to furnish a statement of the mortality in his own town or parish, together with an account of any epidemic that may have prevailed, or unusual sickness, or whether it has been a year of health ; also to forward such observations in regard to the causes and character of the diseases, and the hygienic condition of the town as might occur to him. There was also a request made that such cases as were deemed important might be furnished in detail. Your committee have urgently solicited members, by letter and personally, to comply with the above requests.

They would not impute it to a lack of interest in these matters on the part of the profession generally, that in so many instances no response has been made to these inquiries, but rather to an aversion to the use of the pen ; for they cannot believe any member of this society to be indifferent to whatever is calculated to promote the health of the community, or unwilling to do what he can to remove the causes of disease and mortality. But when the attention is directed to the matter of stating facts, in regard to diseases and their causes, the physician is too much inclined to excuse himself from its performance.

What is wanted is not an elaborate essay, but a simple statement of facts, such as would show the relative amount of sickness and mortality, compared with other places, and the same place in different years.

It is due the society, however, to state here, that during the five

years in which this subject has been brought before its members, several reports, some of much interest and all of value, have been made relative to certain localities, giving important information respecting the mortality, amount of sickness, causes of disease, and, in a few cases, the topography.

It is to be hoped that hereafter much more definite information may be furnished, and that every member of the society will feel himself obligated to contribute something for the promotion of this object.

During the present year reports have been received from Drs. Moody of Plainville, Warner of Wethersfield, and Hart of Southington. Although these are not as full as might be desired, they furnish valuable facts in regard to their respective places.

Through the politeness of Mr. Hoadly, State Librarian, access has been had, as on a former occasion, to the mortuary returns as made by the registrars of the several towns. Access has been had also to the tables prepared by himself, showing the number of deaths that have occurred in the county during the year, also the number from each town, and their causes, arranged according to their respective classes.

From these returns, we find the whole number of deaths occurring in the county during the year 1858 was 1316,—677 males, 706 females; 13, sex not stated. Excess of females 29. There were under one year of age, 284; from 1 to 5 years, 230; from 5 to 10, 56; from 10 to 20, 75; from 20 to 30, 165; from 30 to 40, 109; from 40 to 50, 92; from 50 to 60, 84; from 60 to 70, 89; from 70 to 80, 112; from 80 to 90, 71; from 90 to 100, 14. More than one-third were children under five years of age.

The number of deaths from zymotic diseases was 329; from diseases of uncertain seat, 120; nervous organs, 175; respiratory organs, 334; circulative, 52; digestive, 72; urinary, 7; generative, 34; locomotive, 9; integumentative, 4; old age, 70; violence, 63; making total of known causes, 1269. Unknown, 83; stillborn, 44. Total, 1396.

The whole number of deaths reported for the county for 1857 was 1318,—males 667, females 626, not stated 25. From zymotic diseases, 350; of uncertain seat, 123; the nervous organs, 178; respiratory, 306; circulative, 34; digestive, 61; urinary, 8; generative, 18; locomotive, 10; integumentative, 4; old age, 53; violence, 48. Total of known causes, 1188. Of causes unknown, 98. Stillborn, 32. Total, 1318.

It has been remarked that the prevalence or absence of zymotic diseases is a good index of the sanitary condition of a place. The causes of death included in this class were of cholera, 1; cholera in-

fantum, 70; croup, 42; diarrhea, 16; dysentery, 17; erysipelas, 11; fever, 3; typhus fever, 58; whooping cough, 2; influenza, 2; measles, 7; scarlatina, 94; small pox, 3; syphilis, 1. Total, 329. Total for 1857, 350;—being 21 more than the present year. The deaths occurring from contagious diseases are much less numerous than in 1857, with the exception of scarlatina which was nearly the same. This latter disease appears to have prevailed more particularly in the northern towns bordering on the Connecticut river. Enfield reports 14 fatal cases, Suffield 9, Windsor Locks 6, and Hartford 38.

Typhus fever prevailed in Manchester during the Autumn. Many cases of a grave type are reported to have occurred. It is to be regretted that no more definite account of this epidemic could be obtained.

The number of deaths from affections of the respiratory organs is considerably greater than for 1857. In 1858 there were 334, in 1857, 310. This increase is due to consumption which has caused 219 deaths for the last year against 188 for the preceding. Pneumonia, on the contrary, produced 84 against 105.

Last year your committee called attention to the fact, that, of deaths from consumption, the per centage, based upon the number from known causes, in the towns bordering upon the Connecticut river, with the exception of Hartford, was nearly or quite double that of the more hilly portions of the country. The returns for the past year show a different result. The per centage is greater for the towns remote from the river than for those bordering upon it.

The percentage for Hartford is 12.50, for other river towns taken together 15.18, whilst for all others in the aggregate, it is 19.95, the average for the county being about 17. "Of course it is not safe to estimate the amount of sickness in a given place by the number of deaths that have occurred, or to judge of the particular forms and character of disease in this way, for the greater portion of the sickness that exists does not prove fatal," and it is not always true that the amount of mortality bears any just proportion to the number of cases of disease; still, as a general thing, "the number of deaths does bear a constant proportion to the amount of sickness, and the study and analysis of mortuary statistics, in connection with other sources of information, furnishes most valuable knowledge in relation to the sanitary condition of a place from time to time."

Hartford has presented but little sickness of much severity during the past year. Most cases have proved mild and amenable to treatment. It will be remembered that the small pox made its appearance here as an epidemic in the Autumn of 1856, and continued as such

through the year 1857. Cases of this disease occurred during the first quarter of the year 1858, a few of which proved fatal. Since that time the city has been free from it.

Scarlet fever was somewhat prevalent during the earlier part of the year, generally of a mild type. As the weather grew warmer there was less of it, very few cases occurring till late in the Autumn, when it presented itself in the north-west section of the city, manifesting a more malignant character. A larger proportion of the cases proved fatal. The disease showed very little tendency to spread beyond a very limited space.

Diarrhea, dysentery, and cholera infantum were not at any time very prevalent. Cases which did occur were generally mild. The comparative freedom from this class of disorders was, no doubt in part, due to the mild weather. The season was free from extreme heat, with the exception of a few days in June, and was not subject to sudden and great changes of temperature. Copious showers of rain were not unfrequent, and the streets and gutters of the city were in this way thoroughly washed and cleansed, thus purifying the atmosphere from noxious effluvia. Another circumstance worthy of notice is that there was no freshet during the year sufficient to submerge the lower portions of the city and the surrounding meadows, as is usual, especially in the Spring.

There are other causes which should not be overlooked in considering the sanitary condition of the city, such as the improvement in drainage by the introduction of sewers into most of the streets, and by the raising of low portions, thus carrying off the water which formerly remained stagnant.

The introduction of the Connecticut river water, furnishing not only a pure beverage, but an abundant supply for purposes of bathing, purifying conductors, drains, &c., has, unquestionably, done much for the removal of unhealthful influences.

The chairman of the health committee has by his constant vigilance and untiring labors, contributed largely to the promotion of the public health.

Dr. Warner, of Wethersfield, writes that an epidemic worthy of notice, prevailed to some extent during the first five months of the year. It was a fever of a low typhoid type, usually attended (not invariably) by pneumonic symptoms. These were often so slight as to be totally disregarded in the treatment. The subjects of it were usually enfeebled by age or other causes. The disease was probably typhoid pneumonia, the other cases of fever, not implicating the lungs, being

from other causes, but assuming in common with pneumonia, a typhoid form. The mortality was large. The remainder of the year was remarkable only for its freedom from epidemics. There was almost a total freedom from the bowel complaints, &c., incident to the warm season.

Dr. Hart of Southington, reports the number of deaths in that town for the year 1858, as follows: In January, 7; February, 3; March, 6; April, 5; May, 3; June, 5; July, 3; August, 5; September, 8; October, 8; November, 4; December, 7. Total, 64. Males, 26, females, 38.

By far the most prevalent disease is consumption, being the cause of *one-third* of the deaths in the town in the last year. Do you ask why is this? I answer, there are three reasons: 1st. Hereditary predisposition; 2d, Climate; 3d, Intemperate living. The last is, doubtless, the most exciting cause of consumption, and of disease generally.

Dr. Moody, of Plainville, writes that the report which he makes covers a territory of about two miles square, situated upon a level tract of land, formerly called the Great Plain, in the south part of the town of Farmington, and numbering about a thousand inhabitants. He reports four deaths by typhoid fever, three of which were under Homeopathic treatment. The other case, a child of four years, terminated in congestion of the brain. One week previous to its death, its back was covered with an eruption, somewhat resembling chicken pox. The pock were filled with a dark, sanious fluid, which burst, making the back very sore.

During the year, three cases of varioloid occurred in one family. For the first three months, diseases of the respiratory organs were prevalent; the rest of the year was unusually healthy.

There are many points of interest which should be considered in looking at the sanitary condition of the county, such as the influence upon health of different occupations, manner of living, diet, ventilation, the effect of streams, humidity and dryness of the atmosphere, altitude, management of schools, &c., which must be passed over, for lack of that information, which can only be supplied by the physicians living in the several towns. It is very desirable that your next committee may be able to present a more full report on all these subjects.

All of which is respectfully submitted.

A. W. BARROWS, M. D., *Chairman.*

A REPORT ON REGISTRATION.

Read before the New Haven County Medical Society, April 14, 1859.

At the Annual Meeting of the New Haven County Medical Society, held at New Haven, April 9th, 1857, the following resolutions were adopted:—

Resolved, That a Committee of three be appointed to take into consideration the present state of the healing art in this County; collect all the facts in their power, which are calculated either to promote or retard the advancement of Medical Science and sound practice, to receive and collate such facts and reports as may be made to them by individual members of this Society, and make report at the semi-annual meeting.

Resolved, That it shall be the duty of each and every member of this Society, to keep at least a brief record of all cases occurring in his practice, depending upon endemic or general causes, and make an annual report to the above Committee, giving the number or percentage of the different diseases occurring each month, together with the particular type of each disease, the chief modifying circumstance under which it occurred, the general plan of treatment, and the result of the cases.

B. H. Catlin, L. N. Beardsley, and P. G. Rockwell were appointed a Committee on the above Resolutions.

At the Semi-Annual Meeting, the Committee were directed to address a Circular to each member of the Society.

To the Members of the New Haven County Medical Society:

GENTLEMEN:—The Committee appointed at the Annual Meeting, April 9th, 1857, to take into consideration the state of the healing art in this County, collect facts and reports from individual members, in accordance with the prefixed resolutions, would respectfully report:

That, in obedience to a resolution passed at the semi-annual meeting held Oct. 8th, 1857, they prepared and forwarded to each member in

the County, a Circular, urging upon the members the importance of making a registration of the diseases and accidents treated by them during the year 1858, with the treatment, and the result of the cases. They gave encouragement that blanks should be forwarded for the returns, but it was ascertained, after making suitable inquiries, that the expense would probably be more than the Society would willingly incur; besides, it was anticipated the State Society would provide them for the whole State.

At the Convention at Waterbury, the Secretary was directed to procure blanks from the New York State Society. It was found, on inquiry, that a number sufficient to supply each member of the Connecticut Medical Society would cost over fifty dollars, and as there were no funds in the treasury, to meet the expense, the Secretary, after consulting with the other officers of the Society, declined purchasing the blanks.

The Chairman of this Committee, being desirous of reminding the members of their duty to report their cases, prepared (upon his own responsibility) a short circular and printed heading, which, pasted upon large sheets of paper, might have answered a temporary purpose for making out returns. These were forwarded by mail to each member early in January, 1859, but the Committee regret to say that no returns have been made.

Had this plan of registration of diseases been the original suggestion of the Committee or the Chairman, we might, from the entire want of response to our appeals, be inclined to suppose that we were entirely mistaken in regard to the propriety of the measure, and conclude that it was a Quixotic scheme, one not capable of being carried out in practice.

It will, however, be recollected, that this plan was recommended by a Committee of the American Medical Association, A. B. Palmer, M. D., of Michigan, Chairman, and fully endorsed and adopted by the Association.

Its practicability has been demonstrated* by the experience of T. C.

* Headings of the Register used by Dr. Brinsmade, in the Registration of diseases.

Date.	Name.	Age.	Sex.		Occupation.	Color.		Nativity.		Habits.		Disease.	Cured.	Duration.	Remarks.
			M.	F.		W.	B.	U. S.	F.	T.	INT.				

NOTE.—These spaces, when prepared for use, should be wider than here represented.

Brinsmade, M. D., late President of the New York State Medical Society, who has kept such a record for over thirty years, and has published the results of twenty-one years, properly arranged in appropriate tables. The Committee have procured a copy of the blank used by Dr. Brinsmade for his daily record, and the blank tables prepared by a Committee of the New York State Medical Society, which are before you for examination. This Committee reported at the annual meeting held at Albany, February, 1858, as follows:

"Your Committee beg leave to report in brief, that they have fulfilled the requirements of the resolution under which they were appointed, namely, to prepare and distribute a suitable form of blanks for the registration of medical and surgical statistics of this State.

"It has been gratifying to the Committee to witness the favorable reception which has been extended to the project by the medical profession of the country. Application has been made for a copy of these blanks from nearly every State and voluntary Medical Association in the United States, for the purpose of introducing the system of registration which we have adopted, into their respective organizations.

"It is to be hoped that the present favorable opinion thus expressed of the enterprise, will be continued and extended until the plan, or a suitable modification of it, shall be adopted in every section of this country.

"The subject of statistical medicine and surgery, in fact, of registration generally, is beginning to occupy the attention of the profession in a more serious manner, if possible, than at any former period; and not only has the medical profession been aroused to the importance of the subject, but in every department of science we perceive an interest awakened in its behalf."

We learn from these extracts, the state of feeling in other parts of our nation.

The complete failure of the entire profession in this County to comply with the prefixed resolutions, is an evidence, not of the folly of the measure, recommended by the National Association, but rather an evidence of the lamentable incubus resting upon the members of this Society in regard to this method for medical improvement. Members may say, we have never been supplied with blanks, and how can we be expected to make records and returns? On the other hand, it may be said, what society, what individual, will supply blanks, with the reasonable expectation that they will be thrown aside as waste paper? Let us first see a disposition manifested by the members to do some-

thing ; to commence the registration, though it be in a very imperfect manner ; then the blanks will be forthcoming.

Most physicians, when they commence a registration of disease, undertake more than they are able to carry out in practice, become discouraged, and give up in despair.

The record made in the blanks used by Dr. Brinsmade, it will be observed, is very brief, ascertaining only a few facts in relation to each case of disease, but when kept for twenty or thirty years, is very valuable. The physician who makes this simple daily record of every case under his care, will be inclined to make a more full record of cases of unusual interest occurring in his practice. The blanks for this record should always be before us at night, as we sit down to make our charges for the day. If only ten physicians in this County would commence this registration, and one of their number collect and arrange them in appropriate tables, others would soon be stimulated to enter upon the good work.

The prefixed resolutions require your Committee to collect the facts which are calculated to promote as well as retard the advancement of medical science and sound practice. With pleasure we turn to that more agreeable part of our duty. New Haven County is distinguished above all others in the State, by being the seat of an ancient and distinguished University, and a Medical College.

The large body of professors connected with these seats of learning, together with the many eminent scientific men attracted by the influence of these institutions, to settle in their vicinity, bring within our county more learned men than can be found in any other in the State.

These all have an important influence upon our profession, and the medical professors are active and efficient members of our organization, and give their influence in our favor.

It is desirable that they should understand more fully the amount and power of their influence, and exert it more frequently and powerfully for the advancement of the interest of this Society.

The establishment of railroads running in every direction from the capital, penetrating almost every town and village, rendering it comparatively very easy for each member of the Society to attend our annual and semi-annual meetings, ought to bring the whole profession together, with only here and there an exception, instead of absence being the rule, and attendance the exception.

It is the custom of this Society to appoint for each meeting two or more dissertators. This has brought out many interesting, instructive, and useful dissertations. The two read at our last annual meeting

require a particular commendatory notice, and we are happy to see them published with other proceedings of our State Society.

If all our members would attend to their appointments as dissertators, we should have an abundance of useful matter brought before us for our consideration. But unfortunately the failures are more frequent than the performance.

Were every member of this Society fully aware of the distinguished privileges which he enjoys, and the obligation resting upon him in consequence of these privileges, we should witness more earnest endeavors to promote the best interests of the profession.

We should find members more willing to accept of appointments upon Committees where real earnest labor is necessary to collect statistics, investigate new and dangerous diseases, collect facts and make reports in regard to sanitary reforms, meteorology, and other kindred subjects.

Notwithstanding the superior advantages we enjoy in this County, we are, in the opinion of the Committee, losing our high relative position, and soon, instead of being at the head of our profession in our State, we must take a secondary position.

Such a supposition is too humiliating to be indulged. Let us rather arouse from our lethargy, be true men, faithful physicians, and ardent philanthropists.

If your Committee have mistaken the right course for action, let others more wise suggest some more feasible and appropriate field of labor. At all events, let us by all means do something more, the coming five years, than we have the last, for the advancement of science and sound practice.

It is proper to state in this place, that the Chairman is solely responsible for this report. The assistance of the other gentlemen on the Committee was gratefully accepted in the preparation of the circular, and their aid in the preparation of this report was solicited but not obtained.

Respectfully submitted,

B. H. CATLIN, *Chairman.*

WEST MERIDEN, April 14, 1859.

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

2.

A POEM,

Read before the New Haven County Society, April 14th, 1859.

BY H. W. PAINTER, M. D.

SHADES of Parnassus ! animate my muse ;
We've special business and no time to lose ;
'Twas but this morning I received by mail
From clerk, John Nicoll, this astounding tale :
" Dear Sir : I write, (with all the usual greeting)
To tell you, at our semi-annual meeting
You were condemned to read a Dissertation
Before the gathered Sachems of our nation ;"
Which, in plain English, means about like this—
Dear Sir, &c.—as our custom is,
At all our annual meetings heretofore,
To listen to some medicated bore,
We shall endure, as quiet as we can,
Your peroration on the ancient plan ;
So, complimented by your kind intention,
I shall proceed some incidents to mention
In Life Professional, its joys and trials,
Its oases of bliss, its desert self-denials ;
We'll talk, for once, of what we know about,
A novel theme, there can be little doubt ;
And if Pegasus, as he verseward goes,
Should in his march just graze some tender toes,
Smile with the rest, if tender, do not show it,
Be sure that you and I are all that know it ;
Should I, a Painter, sketch and not make hits ?
Should you be cross at some particular fits ?
Should not true drawing give both domes and huts ?
Are not all gems illustrated with *cuts* ?

Let's promise then to neither fret or fume or
 Be disconcerted at a little humor ;
 Take pleasant jests as every doctor should,
 And give your mite unto the general good.
 Now, since each poem should have one apology,
 Mine is, I think I should have learned theology ;
 The amount of scripture, in this poem quoted,
 Will prove, at once, I should have been promoted ;
 Weak eyes, which spoiled a thorough education,
 Were in my favor in the other station,
 No Parson *sees*, in prayer however fervent,
 How any minister can be your servant.
 In either trade (it doth not compliment us)
 I think an honest man *non est inventus* !
 Here's proof ; the sin of either man or madam
 Is all charged over to Grandfather Adam,
 Who had such load of his own sin to carry,
 To find a helpmeet, he was forced to marry !
 Here then is fraud, you can not say *id non est*,
 And next take notice how the doctor's honest ;
 From *prudent* motives, did you never tell
 Some trusting patient that she might get well,
 When, in your soul, you knew that she must die ?
 Now, white or black, 'twas nothing but a lie !
 Nor priest, nor doctor meant to be a cheat,
 Each answers truly where he thinks discreet,
 And though, in falsehood, were they even knee high,
 Still both would plead—*necessitate rei*.

In country practice and in country study,
 Bright knowledge fades and theories get muddy ;
 On past occasions, every body knows,
 We've listened to some very prosy prose ;
 'Twill swell the archives of our good society
 To have some prosy poetry, for variety ;
 And though, in pleasantry, I should abuse ye,
 I'll try my best to make the rhyme amuse ye.

Stuffed with the elements of varied knowledge,
 The new-fledged doctor rushes from the college,
 Where he had learned, to ample satisfaction,
 The certain lore of "chemical attraction,"

Of which (if all the truth must be confessed)
 Miss Bingham's pupils did attract him best !
 'Twas here he sought his "chemical affinity,"
 And found it in a little roll of dimity ;
 The "atomic theory" of "combination"
 May soon be settled by a new relation—
 This science needs no further illustration.
 And still he glances backward to those halls
 Within whose ancient and time-honored walls
 He learned, in days which have forever flown,
 How much, alas, how little may be known.
 Here Bronson opened, with his very breath,
 The gates of life and avenues of death,
 And gave the gaping student every key,
 To healing herbs, which opes a passage free ;
 One tree, one fruit, by him was overpast,
 It grows in climes that feel no withering blast ;
 Eternal spring adorns, with ceaseless bloom,
 Igdrasyl green which buds beyond the tomb ;
 Could Bronson tell us of this other tree
 In heavenly climes, which mortal can not see?
 'Twas but his province to describe that fruit
 Through earthly soil, that worms its carnal root ;
 'Twere strange indeed, if in his "classification,"
 Were plants without the reach of any nation ;—
 Which bring the suffering *body* no salvation ;
 And to the doctor, nought of compensation !
 He solved the riddle of the "Golden Fleece"
 Slicker than Jason, slicker than all Greece,
 And left the impression, that within his head,
 Were worlds of good things which he left unsaid.

How was our head with modern "theory" crammed
 By its Professor, him of aspect bland,
 Who claimed a fact, when certain he had found it,
 Like saints at Jericho, by marching round it !
 Who, to defend the practice orthodox,
 Struck blows at men which would have killed an ox,
 Showed every theorist where he quit the track
 And fairly tortured the pretending quack :
 Type of the Regulars ! when he said, "thus saith"—
 How trembled on my tongue my "shibboleth ;"

How alight the taint, how trifling error's leaven,
 Which, from our sort excludes, and from our heaven ;
 We are reminded of good Jaky Packard,
 Who stood so straight that he leaned over backward !
 Abating this, we venerate him yet,
 And shall until our latest sun shall set,
 As one who could, in spite of beef-streaked dinner
 Preserve from sleep our somnolentest sinner ;
 Who overcame by wit and wealth of diction
 A common tending to this dereliction,
 Who taught to wield an edge the most decided
 On weapons which the others had provided.

How shall we speak of him whose silvery head
 We followed through those halls with reverent tread ?
 As when the wanderer, on the billowy steeps
 Recalls the cottage where his mother sleeps,
 And on his ear, through all the troubled air,
 Still echoes soft his mother's parting prayer,
 As memory brings, through all the present pain
 Her well known voice and cherished form again,
 So down through all life's years of pain and joy
 One form, one voice time never can destroy ;
 'Twas his whose eloquence alike beguiled
 The man of science and the little child ;
 How oft we saw when duty bade the task,
 A woman's heart behind an iron mask ;
 As surgeon faultless, as a man refined,
 How taught he kindness to our youthful mind,
 When, dashing by the tear that must be shed,
 He cheered the sufferer on his lowly bed ;
 How sound his judgment, moderate his tone,
 How well we learned "let well enough alone ;"
 'Twas thus dry science of dry bones like ours
 Was clothed by Knight with beauty, as a tree with flowers.

Our recollections of anatomy
 Are quite distinct, indeed they ought to be ;
 The earnest lecture and the dreadful quiz,
 In which the heedless wight was sure to fiz,
 The nervous move, the hurried search for muscle
 Which just escaped a fracture in the tussle,

The quick-jerked skeleton swinging in the air,
 Whose random toe once combed the Doctor's hair—
 Albeit the toe was not in order there !
 Who else could give so well the fat meat homily,
 True "typhoid treatment," the last found "anomaly?"
 Alas, in actual life we had a case,
 With haughty look and agitated face
 A wealthy man invited us to call
 And see his wife, she was "not well at all."
 And so we went; it was a mansion great
 That proved its owner of a large estate;
 The house was furnished with the wealth of Ind,
 With all that art could make or man could find;
 Our lock-jawed pocket 'gan to lose its clutch—
 We make a bill, as is a bill, for such.
 The lady rested in a pillowed chair,
 We felt her pulse, inquired as we dare
 About her head and stomach, lungs and liver,
 And when we spoke of *lungs* she 'gan to quiver;
 Now, on the track, we asked—what do you eat?
 Are you accustomed to take much fat meat?
 We overheard the staring husband mutter,
 But on we went—do you *love*, really, butter?
 Up jumped the husband—"Sir, is it expected
 By you my pantry should be thus inspected?
 I'll let you know, young rascal, that I'm able
 To pay my butcher and then set my table,"—
 Among the rest, methought I heard him utter
 Some hasty English about "rancid butter,"
 And, as behind me, quick the door he slammed,
 Suggested something about "being damned!"
 The dreadful Typhoid next appeared in town—
 We said, "the man must eat or will run down;
 Three times a day," we left precise directions,
 "Must he be fed by nurse or by connections;"
 He died, and true as ever teeth have met in us
 He held the meat, firm clasped, as if by Tetanus!
 A truce to jesting—scan the Professor now,
 See research, thought, conclusion on his brow;
 Witness his operations; see his knife
 Cut harmless round the avenues of life,

While, through his mind, the light of every age
Shines down on us and proves the man the sage.

What words are droll enough to picture Jewett?
I'm glad (and he) 'twas not my task to do it;
To me, through all the gloom of death, appears
The rotund form and shining face of Beers;
How rich indeed must be that perfect bliss
Which adds a smile to such a face as his?
But I was born too soon, my course complete
When, 'mid Obstetrics, Jewett took his seat;
How words and women *labor* to express
The fun or pain which all his thoughts confess!
Nothing my pencil or pen avails
To point his morals or adorn his tales.

Thus, through the students' eyes, you see the sages
Who arm him, just for love of him—and wages;
Yet think not Fathers, that the boys are fools
Because they hate the discipline of schools,
But recollect, amid maturer joys,
How few the years are, since yourselves were boys!

Our hero passed a strict examination,
How well, we leave for other men's narration;
Let it suffice, he got the sought diploma
Wishing 'twere writ by Webster 'stead of Homer;
And now, where practice, in the town or city?
To "waste his fragrance" were a shocking pity;
When the arch-demon, in the heavenly band,
Refused obedience to Divine command
'Twas thus he cheered his comrades outcast driven,
"Better to reign in hell than serve in heaven;"
Thus did one hero cut the Gordian knot
Which tied his fortunes to a city lot;
Better be sun of some retired system
Than star, put out by suns that wouldn't have missed him.
So opes his office in a grove of trees
And spreads his ensign shingle to the breeze;
No quack to rival, nothing to afflict him,
He quiet waits the first incoming victim.
Male patients called, a few, not very thick,
And all that ailed them was they wouldn't stay sick;

Where were the ladies, were they always well?
 Had he displeased them? how, he could not tell
 At length one came, old, shriveled, all ahunch,
 It would take three such to make Death a lunch;
 Said she, "I thought I'd call," I'm glad you did,
 Quoth he, 'tis pleasant other calls amid,
 To notice now and then a lady's face,
 Somehow it comes with a peculiar grace;—
 Ghost of a smile, that o'er her molar bone
 Essayed to creep, too weak to stand alone,—
 Said she, "our girls of thirty-five and under
 Sometimes need counsel, and they often wonder,
 Supposing one of them by chance miscarried,
 How they could have a doctor yet unmarried!
 To judge of local fractures, as they come,
 Do not you keep a skeleton at home?"
 The doctor felt the force of the suggestion,
 Nor took him long to answer to the question;
 Three blue days passed, and then as large as life
 The doctor's household was himself and wife.

And now, as on his wedding night he laid him down to sleep,
 Without, the storm was piling snow in wierd or shapeless heap,
 The future rose before his mind, rich, beautiful, and light,
 As snow-wreath'd palaces that rise upon the stormy night;
 All earth was clad in beauteous robe, and e'en the ground did seem,
 Begilt with sunshine in the hues of joyous love's young dream;
 Fair maidens danced around him or enclasped him in their arms,
 And fain would waft his soul to bliss amid ethereal charms;
 While on his ear soft music breathed or spread in lavish waste
 Were viands and delicious food that mortals can not taste;
 Fantastic temples rose around, beneath whose towering dome,
 Celestial beings ministered and angels made their home;
 In dream, he sought the altar with a maiden at his side,
 In dream, he kissed the beauteous girl that had become his bride;
 Now, as he passed the temple gate the bell began to ring,
 His wondering senses seemed to hear a bell in everything;
 Still at his side his beauteous bride was saying or was singing,
 Oh don't you hear, my husband dear, how loud the door bell's ringing!
 By night or day, in facts or visions fervent,
 We're everybody's most obedient servant.

But is this all? Is life so mean a thing?
 Shall it to us no higher mission bring
 Than to the slave who toils from day to day,
 And chafes the uneven thread of life away?
 Has life no lesson through the tiresome years,
 But to content us with its joys and tears?
 Well might we shrink at sight of human pain,
 And feel, alas, that we were born in vain;
 But no, God's image stamped upon the man
 Is immortality; His glorious plan
 Designed that time should be the briefest dawn
 Of long eternity's eventful morn;
 And he, who spends his hour allotted here
 In love to God and love to man sincere,
 Fears not at death to bid the body rest,
 'Tis but the child upon the mother's breast;
 Aye love to man, and we rejoice to find
 The gracious Saviour of a lost mankind,
 Deemed not unworthy of his high commission
 To act the part of a beloved Physician;
 Pursued by Him, the Lord of life and bliss,
 What other calling hath a fame like this?

Yet as among the seers of David's time,
 Saul with the prophets spake on themes sublime,
 Or, as among the saints before the flood,
 Job noticed Satan with the "sons of God,"
 So Science' priests hear shouting at their back,
 Like Saul or Satan, the pretentious quack;
 Whose only resource to remove life's ills,
 Is flour powders or the sugar pills,
 Whose only virtue, at death's dread alarm,
 Is that he does, or says he does, no harm;
 'Tis true, his victim sometimes may get well,
 Might I the truth to such a victim tell,
 I'd speak him thus: "Though the pretender shaved thee,
 Like Syriac woman, 'twas thy faith that saved thee,"
 And add, perhaps, as we have read before,
 Deluded sufferer, "Go and sin no more."

'Twere well perchance, a moment to digress
 To note the causes of the quack's success,
 Nor deem it strange if we should seem to find
 Part in himself while part are in mankind;
 And first in him a love to cheat is seated,
 Which finds in them a love for being cheated;
 While to their door another charge we bring,
 Athenian like, they all crave some new thing;
 E'en creeds which own the least of reason's fetter,
 Seem just to them and suit them all the better,
 Besides, the nostrums which his fancies make,
 Unlike our agents, are so good to take;
 The puling son or sentimental daughter
 Loves to get well on medicated water;
 'Tis sweet to think that foul disease shall stop,
 By breathing air from near a druggist's shop.

Thus crippled pace and halting footstep still,
 Must mark our path to science' cloud-capped hill:
 Youth asks of age and age returns to youth
 The yet unanswered question, "What is truth?"
 We think, we judge, infer, and say 'tis so,
 Alas, in doubt, what would we give to *know*?
 Sevastopols of theory to-day,
 Besieged by facts, to-morrow melt away:
 Still let it cheer us, though all theories fail,
 "Truth is Omnipotent and must prevail."
 With arms of faith grasp we this truth of might,
 And wheresoe'er we go defend the right;
 Be true to God and to our better self,
 Nor sacrifice our love of man for pelf;
 Let pay who can, help all, and firmly trust
 For recompense, among the rising just.
 Thus Faith inspires with joy life's dusty road,
 And points ambition to a home with God;
 Quickens Perception till with rapturous cheer,
 Celestial harp-notes break upon the ear,
 Opes to our mental eye the blissful goal,
 And paints upon our sky the Rainbow of the Soul.



CASE OF COMPLETE LACERATION OF THE PERINÆUM.

Successfully operated on by Orson Wood, M. D., and read by him before the Tolland County Medical Society, at their annual meeting in April, 1858.

Nov. 12th, 1857, I was called upon to visit Mrs. E., a stout, fleshy, robust woman, aged 25 years. She informed me that six weeks previously she gave birth to a child, (her first) and that at the time of its birth she was "torn open," and ever since that time she had no control over her bowels, to retain either foecal matter or wind; that the womb threatened to protrude externally if she exerted herself when in an erect position. She wished to know if anything could be done to relieve her of her miserable condition. Her attending physician had left her, telling her, "it would grow up in time."

On examination, I found the perinæum completely lacerated to the anus, and the external sphincter ani muscle so nearly torn through as to be of little or no use in constricting the anal orifice. I told her that it would never heal up of itself; that nothing short of a tedious operation would relieve her of her miserable condition, and that she must make up her mind either to submit to the operation, or go through life in her present condition, with the additional trouble of having her womb come down externally if she used much laborious exercise.

After explaining to her the nature and extent of the operation I proposed, at the same time encouraging her with the prospect of a perfect cure, she was anxious to have it performed. I advised her to have the operation postponed until after the third month from the birth of the child, so that the parts shall have recovered themselves to be capable of undergoing the necessary denudation, and be sufficiently strong to hold the sutures.

Dec. 25th, 12 weeks and five days from the birth of her child, I was informed that she was ready for the operation, and accordingly proceeded to do it. The bowels having by a laxative and enema been

previously emptied, she was seated upon a table and put under the influence of chloroform. She was then placed in the same position as for lithotomy, and the bladder emptied. While an assistant seized one of the labia so as to make it tense, I made two parallel incisions with a scalpel $\frac{3}{4}$ of an inch apart, and equal to the fissure in length, through the skin into the cellular substance, the inner incision passing along the inner edge of the fissure. The next step was to dissect up the skin between these incisions, so as to make a raw surface of at least $\frac{3}{4}$ of an inch wide. A similar operation was next performed on the opposite side. Next, the mucous membrane of the recto-vaginal septum was carefully pared away. The denudation was now made perfect throughout the whole extent of the fissure. Not the smallest remnant of skin or membrane was left on the parts intended to be united.

This part of the operation being completed, the next step was, with fore-finger of the left hand in the anus for a guide, to introduce a blunt pointed bistoury into its margin, and then with a firm and quick incision I carried the bistoury outward and backward towards the os coccygis, making the incision about two inches in length, and deep enough to divide the skin, subcutaneous areolar tissue, and the sphincter ani muscle. A similar incision was next made on the opposite side so that the sphincter ani muscle was completely divided on both sides of the anus, which incisions were in the form of the letter V.

I next proceeded to insert the quilled sutures. With the thumb and finger grasping firmly the left denuded surface, a strong needle armed with a double thread of stout twine, well waxed, was plunged through the skin and subjacent tissue, an inch external to the pared surface, and thrust downwards and inwards beneath it, until its point reappeared on the inner edge of that surface; it was then introduced at the corresponding margin of the denuded space of the opposite side, and made to traverse beneath it in a direction upwards and outwards, until it escaped at a point equidistant from the external margin with that at which it entered on the left side. Two quilled sutures were thus introduced, the first one was passed as near the rectum as possible without injuring it. A quill was then introduced through the loops of the twine on the left side, and on the right side the ligatures were cut from the needles, parted, and tied over the quill on that side, after having drawn the parts firmly together. The quills used were pieces of gum elastic catheter, which answered the purpose well. To bring together the outer margins along the line of the skin, I inserted interrupted sutures superficially. The parts were then well cleansed by

sponging with cold water, and lint soaked in the same was applied over the wound, and over this a napkin, kept in place by a T bandage. The patient was then laid in bed on her side, her knees tied together, and her limbs flexed. She now asked me when I was going to begin the operation. She had been entirely unconscious of its performance.

Two grs. of opium were now given, and gr. 1, to be taken every 4 hours. The parts to be kept constantly wet with cold water.

Dec. 26th. Visited her early this morning. She had a restless night—vomited twice. Passed catheter and drew off the water. Diet, arrow root; allowed to drink cold water, and to hold ice in the mouth. Was sent for this afternoon. She had vomited severely, so as to strain on the stitches. Morphia, with Plumbi Acetas for the Opium. Dried herring and crackers for food. Urine again drawn off. In doing this, the greatest caution was used to prevent any water from dribbling into the wound or vagina. Owing to the position she was necessarily kept in—on her side—the catheter had to be passed from behind. She was expressly charged not to let any urine be discharged except by the catheter. The quantity of water drawn off in the morning was a pint; in the evening about half a pint.

27th, morning. Found she had a comfortable night; no vomiting since commencing with the Morphia and herring. On passing the catheter this morning, a little bloody muco-purulent matter came through the instrument, but no urine. She had no desire to pass any. I syringed a little warm water into the bladder to rinse it out three times, the last time the water returned clear. I now learned for the first time that she had had several times since her confinement thick bloody matter pass from her bladder, and but a short time, too, previous to the operation. The meatus and urethra were very sensitive. Perineum oedematus; continue morphia and lead; cold water unremittingly. Evening. Patient feels comfortable. No urine could be obtained, but matter came through the catheter similar to that which passed in the morning. Applied to the meatus lint soaked in a solution of Acet. Plumb.

28th, morning. Slept well last night. Expressed a desire to pass urine; passed catheter; nothing obtained but a teaspoonful of purulent matter—not bloody; begins to complain of uneasy sensations across the hips, back, and lower limb of the right side. Has been turned alternately on each side two or three times daily, though I preferred that she should remain quiet in one position on her side, but this she could not be persuaded to submit to. Wound looks well, as if the parts were uniting; has less appetite; does not wish for any

more herring; pulse good; complains of head feeling bad. She drank some new cider last night, which threatened to move her bowels, and she immediately took 1 gr. of opium, left her to take in case the bowels threatened to move. It quieted them; continued to take the morphia and lead every 4 hours.

Ordered the Pipsissewa and Pumpkin Seeds in decoction, to be drank freely.

29th. Did not see her last evening; had left the catheter with the nurse; instructed her in the use of it, with directions for her to pass it should the patient express a desire to void her urine. She had tried two or three times without obtaining any. There appeared now to be an accumulation of water in the bladder, considerable distention above the pubis, and a strong desire expressed by the patient to pass it; she was uneasy, restless—pulse 100. Both metallic and flexible catheters were passed, warm water syringed into the bladder, which returned through the instrument in a full stream, at first bloody, with mucus. This was repeated until the water returned clear. She thought if I would allow her to do so, she could pass her water by her own efforts. As no urine had been obtained for more than 62 hours, I consented to let her try. Rolling her over partly upon her face, so that the urine could not dribble into the wound, she was allowed to make as much effort as she pleased. After trying awhile without success, she thought she could, if left alone. I left her with the nurse, when she continued further fruitless efforts, until she voluntarily relinquished any further efforts to pass it. I left her about $\frac{1}{2}$ past 11 A. M. with a flexible catheter remaining in the bladder. Returned at 4 P. M., and was glad to find that a large quantity of water had come away, and the bladder appeared to be emptied, and she was much relieved.

“30th. On my way to visit the patient this morning, I met her husband who requested me to hasten to see his wife as she was in distress. I found her complaining of pain through her hips, extending down her thighs to her knees, and feeling a strong desire to urinate. She said she had passed quarts of water during the night, which she allowed to be passed in a kind of half prone position, to prevent it from coming in contact with the wound. It was received on napkins, which were stained bloody. I questioned her if the catamenia had not returned. She was sure not, for she said there was no bloody discharge except with the water. I passed the catheter and drew off a full pint of water tolerably clear,—rinsed the bladder with water, and also the vagina. Immediately she became easy—pain in hips and limbs gone,

and felt that she could now go to sleep—pulse 100. Removed one of the interrupted sutures. The quilled suture near the anus had, during her restless state, been accidentally pulled upon by her hand so as to stretch and disturb the parts which it held together.

Discontinue the diuretic decoction. Continue morphia and lead—To take 3 or 4 ounces of wine daily.

31st. Found her lying upon her back with her knees bent up. She had been requested to keep on her side, which she had done up to this time, though frequently changing sides by being carefully rolled over in bed, her knees being still kept tied together. Has not passed urine since I drew it off yesterday morning. Nurse had made several attempts to draw it off but failed, and she could not pass it by any effort of her own. I turned her upon her side and drew off a half pint, high colored, but not bloody. A little purulent matter was lodged between the vulva before the meatus. Removed the remaining interrupted sutures. Continue morphia without the lead. Spts. Nitro to be taken.

Continued to do well till discharged on the 25th.

25th. The hole through the perinæum is nearly closed. She would not submit to have the caustic applied again. Applied the acetum cantharis again. Direct her to use it every third day until it closed up, which it did in a few days after this.

She expressed herself highly pleased with the cure, and says her recovery is perfect in every respect.

REMARKS.

Had I known the unsound condition of the urethra and bladder at the time of the operation, I should have proposed to delay it, until the parts become sound. It caused much trouble in the after treatment, endangering the union of the wound. I deemed it essential to prevent any urine passing to the wound, as it would if it got between the cut surfaces most likely have prevented their union. Brown says "it is of great importance to draw off the urine every four or six hours for three or four, or more, days after the operation." In this case it could not be attended to so often. The distance (3 miles) I resided from the patient, made it impossible for me to attend to it so often, and the nurse, who was instructed to do it, did not succeed, owing in a great measure to the diseased and sensitive condition of the urethra, and the unfavorable position in which the patient had to lie.

The constant application of cold water dressing was very agreeable to the sensations of the patient, and she often called for their renewal.

It will be perceived from the history of this case, that special attention was paid to keep the bowels constipated until the parts had become so firmly united as to prevent their being torn apart by the passage of fecal matter. From inattention to this important point, and allowing discharges from the bowels too soon after the operation, disruption of the union of the parts has been caused, and the whole benefit of the operation frustrated. In this case they were not allowed to be moved until the 14th day after the operation; and even then, she felt a sensation of tearing in the wound, on the passing of some hardened feces, but I think it did no essential injury, as the union was now pretty firm throughout the whole extent of the wound, except the small opening near the rectum.

Whether the small opening was caused by the accidental pulling or "catching (as the patient expressed it,) with her hand" upon the lower end of one of the quills, or from the great difficulty of making that part of the fissure unite by the first intention, I am unable to say. This accident happened during the restless night that she discharged so great a quantity of water in the bed upon napkins which, as mentioned in the history of the case, were much stained with blood, and was the fifth night after the operation. It may well be supposed that some of the urine did come in contact with the wound, and was insinuated between the lips of that part which she disturbed so as to prevent or break up the union of it. In examining the parts, next morning after the accident, the end of the quill near the onus was pulled up from the bed in which it had lain, the deep suture in that place appeared to have been disturbed, and a little purulent matter appeared at that part of the wound. I am the more particular in stating these facts because the manner in which this operation was performed has, according the statement of Brown, most generally in his hands, (though not in every instance,) resulted in a perfect union of the entire perinæum by the first intention. When there has been a failure with him it always has been at the place it was in this case.

DIVISION OF THE SPHINCTER MUSCLE.

It may, perhaps, be asked, why I divided the sphincter ani muscle, on either side from the anus toward the coccyx? I will not here go into a lengthy discussion on this point. A few facts stated will, I hope, make the reason obvious. From the uncertain, and most frequently, unsuccessful results of the operations heretofore devised, the opinion of surgeons in England has, until quite recently, been to aban-

don these cases to the operations of nature, to narrow the parts as best it might, which has generally left the unfortunate subjects of it to pass through life, in cases where the laceration was complete, in a very miserable condition, which can well be imagined, but which I will not now take time to describe.

Dr. Robert Barnes says, "I believe that no amount of skill and precaution will justify the surgeon in the majority of cases, in looking for perfect union by means of any of the sutures in common use. He claims to have succeeded in one case by means of the lead suture invented by Mr. Brooke. Mr. Ferguson succeeded (in 1850) in one case with the interrupted sutures, and by adopting Dieffenbach's plan in making parallel incisions in the long diameter of the perineum, and filling them with dry lint. In his second case, he succeeded but partially.

To say nothing of Hilton's operation, which he seems to have abandoned, Mr. Lungenbeck, in three cases reported, succeeded in making complete union in one case by the first intention, and in two cases the central portion of one was open four or five lines in length with supuration; and the other, the wound about half an inch posteriorly. These were eventually closed by granulations. In his operations, flaps were dissected up, and Dieffenbach's incisions made.

In the case which I have reported, the operation was performed in the manner recommended by Brown in his recent work on Surgical Diseases of Women. He there strongly advises the division of the sphincter muscle; and his cases, of which he has had many, have mostly resulted in complete union by the first intention. Some few cases have partially failed, by a small opening near the rectum, as mine did. In one case where he divided the sphincter only on one side, it partly failed. He afterward divided it on the other side and it succeeded.

By freely dividing this muscle, the parts are relaxed, which allows the sides of the fissure in front of the anus to be more easily approximated, and prevents them from being drawn apart by its traction.

I am aware that Horner* failed entirely to secure a union of the parts in which he operated on in 1848, although he divided the sphincter ani muscle. But he used only the interrupted sutures. He says "the operation was a failure, though the bowels had been kept unopened for many days." He says nothing about the urine. If that was

* Am. Journ. Med. Sciences, No. XL., page 329, New Series.

permitted to come in contact with the wound, it would, most likely, have prevented a union of the parts.

If the operation is well performed in every respect according to Brown's method, and strict attention paid to the after treatment as recommended by him, a perfect union of the parts may be effected, I believe, in every case, even of the longest standing, provided no untoward accident happens to the patient, to prevent it. Cases are reported by Brown of ten, fifteen, and more years standing, in which he made perfect cures. Any small opening that may be left after the union of the greater part of the fissures, can be healed by granulation, as it was in the case I have related, and the unfortunate subjects of this accident be thus relieved from an otherwise miserable existence.

P. S. It may not be improper to state that the laceration was caused by the neglect, or rather mismanagement, of the attending physician. All that he did in the last expulsive pains, (as I was informed by the mother,) was to use pressure on the abdomen with his hands.

A BIOGRAPHICAL SKETCH
OF
PROF. TIMOTHY P. BEERS, M.D.

BY PROF. JONATHAN KNIGHT, M. D., OF NEW HAVEN.

TIMOTHY PHELPS BEERS, the son of Deacon Nathan and Mrs. Mary Beers, was born in New Haven, December 25, 1789. He graduated at Yale College, September, 1808. He pursued his professional studies in this city, under the direction of Eli Ives, M. D.; attended a course of lectures on medicine in the University of Pennsylvania, during the winter of 1811-12, and commenced the practice of his profession here, in the spring of 1812. In the summer of 1813, he was appointed Surgeon of a regiment of Militia, under the command of Gen. Hezekiah Howe, and with it was stationed, for several months, at New London. With this exception, and during a severe sickness about forty years ago, he has not probably been absent from New Haven, nor intermitted the performance of his professional duties for a period of more than two weeks at any one time.

In 1824, he received the Degree of Doctor in Medicine from Yale College, upon the recommendation of the Connecticut Medical Society.

He was appointed a Professor in the Medical Institution of Yale College, in the year 1830, and performed the duties of this office in an acceptable manner, until his resignation of it in 1856.

After a short but distressing sickness, he ceased from this life on the 22d of September 1858, in the sixty-ninth year of his age.

His death at the time it occurred was unexpected. * "Looking upon the hale and hearty face and form of Dr. Beers, one on which nearly three score years and ten had made little impression, and especially when we remembered the great age of both his parents, and of many other of his relatives, we expected for him many years more of life. Who thought that he would die before his mother, now in her ninety-sixth year, and who now must look in vain for his daily visit of filial kindness?

* From Rev. Dr. Dutton's Address.

Yet Dr. Beers had not the same reliance on these apparent promises of long continued life as we had; as is seen by his reference to the death of a friend, which was strikingly coincident with his own. At the last Commencement of Yale College, the class of which Dr. Beers was a member, celebrated the fiftieth anniversary of their graduation, in a meeting at the house of their classmate, Hon. Ralph I. Ingersoll, of this city. After the meeting was over, a classmate and family friend of Dr. Beers, who accompanied him home, said to him, "Doctor, we were all agreed that *you* were the youngest and healthiest looking of the whole class." "Yes," responded Dr. Beers, "and so we said at our last meeting, ten years ago, of Joseph Bellamy, and in two months he was dead!" Now, in just two months from that time, *Dr. Beers is dead!* Oh! there is no relying on the appearances of health and strength. Dr. Beers knew it, and felt it. We should all feel it, as well as know it. No age, no vigor, exempts from liability to death. Often the strong are taken, while the feeble are left."

Dr. Beers was twice married. His first wife was Caroline, daughter of Isaac Mills, Esq., and the second, Mary Ann, daughter of Mr. Hanover Barney, both of this city. Two sons and three daughters, all children of his first wife, are still living.

These few events convey no impression of the life or character of Dr. Beers. His whole life has been marked by the entire, uninterrupted, and unselfish devotion of all the powers of his body and mind, to the performance of his professional duties. From these duties, he never suffered himself to be seduced by the love of ease or pleasure—by the desire of gain—by the pursuits of ambition, or by any other worldly object. He was repelled from them by no dread of labor or fatigue, by none of the surroundings which accompany disease in the abodes of poverty or vice, or by any apprehension that his services would not be duly appreciated or rewarded. Whenever and wherever his services were required, they were cheerfully and faithfully rendered.

For the performance of his professional duties, Dr. Beers had many well marked qualifications. Prominent among these was his entire integrity of purpose towards his patients. His sole object in all his intercourse with them, in his advice, and in his medical treatment, was to do them good. In all this he had no regard to any selfish end, whether of emolument, reputation, or any other personal gain; this integrity of purpose was so marked, and so uniformly shown in his conduct, that it was never doubted.

In the performance of his duties, he was much aided by a constitutional equanimity of temper, which remained unruffled amid all the perplexities and annoyances which so often beset, and not unfrequently harass the medical man beyond all ordinary powers of endurance. Trials of this kind were met by him, and disarmed of their sting, by a calm serenity which told how little he regarded himself, in comparison with the feelings and the welfare of others.

Dr. Beers was eminently a benevolent man. Not many men made fewer professions of benevolent intentions, or their consequent actions than he; yet his whole life was full of the working of a kind heart and a liberal hand. What amount of labor was performed, fatigue endured, pecuniary aid afforded, professional skill exerted in behalf of those from whom no earthly recompense was expected, cannot be estimated; and the readiness and cheerfulness with which these services were rendered, added ten fold to their value. For all these services of love, the blessings of many ready to perish, will rest on his memory.

To these qualities were added others, which especially endeared him to all with whom he associated, whether as patients, friends or relatives. At all times, and under all circumstances, whether in the chamber of sickness, or in the family or social circle, he was a frank, sincere, cheerful man, without disguise and without hypocrisy. It was the manifestation of these qualities, in his manner, in his countenance and in his genial, sympathizing words, which mingled a ray of light with the darkness of the sick room, and which often left hope and cheerfulness in the place of despondency.

It was this frankness and truthfulness which inspired those who were under his care, with that abundant confidence in him which he so liberally enjoyed. No one ever doubted that any opinion which he gave was honestly formed, and truthfully expressed, or that any advice from him was for any other purpose than the benefit of him who sought it. It is a matter therefore of no surprise, that his patients and their connexions should be his strongly attached personal friends, or that he should have been the chosen physician of many families for generation after generation, beginning at the early period of his practice, and continuing to his death.

Of his relations to the community at large, it is sufficient to say, that he aspired to and sought for nothing beyond the limits of his profession; he felt that to acquire a competent knowledge of this, and to perform the duties of one occupying a high position in it, was suffi-

cient for him, and with the rewards of a life thus devoted, whether of emolument, of reputation or of social position, he was satisfied.

Of his professional attainments as a physician, little need be said. That he enjoyed a high reputation for professional skill in an intelligent community; that this reputation was maintained for almost half a century; that this popular opinion has been at all times confirmed by the high estimate in which he has been held by his professional associates; all these things testify that he was fully qualified to fill the high position which he occupied.

In one branch of his profession, Midwifery, Dr. Beers especially excelled. His attention was particularly attracted to this subject, while a student in Philadelphia, by the admirable course of instruction of that eminent practitioner and lecturer, Wm. P. Dewees, M. D. By the continued study of all the books upon this subject, within his reach, by much reflection and by large experience, he became familiar with it in all its details, and was confessedly at the head of the profession in this department. His practice in it began early in his professional life, and continued till his death. At one period he attended, as it is believed, more than half, probably two-thirds, of all the cases of labor in this city, and during his life a larger number than any other practitioner in this state. He devoted much attention also to the diseases of women and children and became expert and judicious in the treatment of them; so that, while his professional services were not confined to these branches, they made up a large share of his practice.

While attending upon ordinary cases of labor, Dr. Beers was always calm, patient and cheerful, thus gaining the confidence and good will of his patients, and inspiring them with the assurance of their safety, and dispelling that despondency which is so apt to accompany long continued suffering. In those cases which demanded more active treatment, whether instrumental or otherwise, he was skillful in devising and prompt and energetic in employing them. For many years he was the principal consulting physician in all cases of difficulty, in this city, and the neighboring towns; and he will long be remembered for the judgment and skill which he displayed in their management.

When it was determined to establish a separate professorship on Midwifery in the Medical Institution of Yale College, no one doubted that Dr. Beers was the man for the place. He received the appointment in 1830, and performed the duties of the office in an acceptable manner until his resignation in 1855. For the performance of these

duties, he prepared himself with diligence and skill. His lectures, except such as were merely demonstrative, were written out in a plain, simple, and intelligible style, with no attempt at ornament or display, and contained all the principles and practical rules which were important to the student, at the same time it should be said, that owing to a modesty and want of self-appreciation, almost amounting to timidity, there was at times a hesitancy in his manner, through which his instructions failed to command that attention which their merits deserved.

If there was any thing peculiar in the character of his mind which guided him to the successful treatment of disease, it was a careful estimate of the facts connected with disease, a ready recollection of his previous observations, a familiar acquaintance with the great principles of medicine, and all these made available by the exercise of plain common sense, unobscured by any theoretical notions, and unobstructed by prejudice, or by the influence of any selfish or unworthy motive.

To all these excellent qualities, whether natural or acquired, there were added the virtues, the faith and the hopes of a Christian. Sustained by these, he led a blameless life before men, endured the trials which happen to all, with fortitude and patience, and passed through the sufferings of sickness and the agonies of death, with the fully expressed confidence in Him in whom he believed.

A BIOGRAPHICAL SKETCH
OF
BELA FARNHAM, M.D.,
OF EAST HAVEN.

BY PROF. JONATHAN KNIGHT, M. D.*

It is delightful to contemplate the life and character of a sincere, simple-hearted, earnest, unambitious man, selecting a profession in early life, because he believed he could do more good in it than in any other, pursuing it through a long life in a steady, quiet, benevolent, unostentatious manner, performing at the same time, with diligence and integrity, all his duties to the family, the community in which he lived, and to God.

Such a man was the late Bela Farnham, M. D., who for about sixty-four years, was the sole resident physician in the town of East Haven.

BELA FARNHAM was born in Killingworth, in this State, March 15th, 1770. His father was a respectable farmer of that place. "His ancestors were of the true Puritan stock, of the best kind, who regarded and exemplified religion as a thing of daily practice, influencing the character, shaping the life, and cherishing an habitual converse with, and realization of eternal realities." Having been rendered incapable of severe physical labor by an injury received in youth, he turned his attention from agricultural pursuits for which he had a fondness, to the medical profession, as the business of his life.

His early education was pursued in the common schools of his native place. That he made good proficiency, is probable, as he was, when quite young, employed as the instructor of the district school in his neighborhood. His instructor in Medicine, was Dr. Jonathan Todd,

* Nearly all the facts here stated are derived from a discourse delivered at the funeral of Dr. Farnham, by Rev. D. W. Havens. Several quotations from the same discourse have been made, which are marked as such.

of East Guilford, now the town of Madison. Of the time during which he pursued his professional studies, or of the progress which he made in them, very little is known.

In January, 1793, Dr. Farnham, then twenty-three years old, commenced the practice of his profession in East Haven, and remained there, the only resident physician of the place, until his death, January 15th, 1857, a period of sixty-four years, he being then in the eighty-seventh year of his age.

Dr. Farnham was an early member of the Connecticut Medical Society, and was many times chosen one of its Fellows. In 1829, the degree of Doctor of Medicine was conferred upon him by the President and Fellows of Yale College.

He enjoyed the full confidence of his fellow townsmen, and was employed by them in many offices of trust. For forty years he held the office of town clerk; for many years he was a school visitor, member of the examining committee, and treasurer of the school society.

The most of these offices he continued to hold until advancing years admonished him that they should be committed to younger hands. He was elected a member of the Convention which formed the present State Constitution in 1818, and several times afterward represented the town in the State Legislature. The duties of these various offices he performed to the satisfaction of his constituents, and with unquestioned fidelity and integrity. For about twenty years he was deacon in the church of which, for many years, he had been a member.

It is as a physician, however, that we are at present more especially interested, in the life and character of Dr. Farnham. From the beginning of his professional life he confined himself strictly to the practice of medicine, never engaging either in surgery or midwifery.

He possessed many qualities well calculated to gain the esteem, the respect, and the confidence of those with whom he associated.

In person, he was of medium stature, slender, but symmetrical in form, and perfectly erect in his carriage, not bowed down by the weight of more than four score years. His countenance was serene and cheerful, unmarked by the furrows of the stronger passions. In his manners he was cordial and gentlemanly; in speech, careful and deliberate, expressing what he meant in plain and simple language, without expletives and without exaggeration. In the sick room he was always kind and cheerful, encouraging his patients with the hope of recovery,

so long as hope remained, and soothing the dying by directing their thoughts to the realities of another world, with the earnest, fervent prayer that it might be to them a world of happiness. He was very attentive to his patients, especially those with acute diseases, spending much time with them both by night and day, and this practice he continued even after his advanced age might have afforded, in the eyes of others, a sufficient excuse for more self indulgence. "The last duty to others which he performed, was to visit, on the stormy evening of the night when the fatal sickness seized him, one who was then supposed to be fast sinking into the grave."

In early life, Dr. Farnham read the current medical books with attention, for he spoke of their doctrines and practice in such a manner as showed his familiarity with them. His knowledge of the changes in the modes of practice, and in medicines, which have taken place during the last forty years, and which are called improvements, he derived principally from those physicians with whom he had professional intercourse. It is rare to find an aged physician, whose habits of thought and methods of practice usually become unchangeably fixed, so readily receive and skillfully adopt, a remedy or a course of treatment which was new to him, when recommended by those in whom he had confidence. This trait in his character, is a mark at once of his sincerity and integrity.

The practice of Dr. Farnham was rather expectant than vigorous, calculated rather, by mild and gentle remedies, to carry his patients safely if possible, through their disease, than by more active means to attempt to interrupt its course, with the danger as he thought, of endangering and perhaps destroying them. It is a matter still in doubt, whether the course which he pursued is not the wisest; producing, it is true, at times, less brilliant results, but perhaps as many favorable terminations of disease.

This method of practice was in entire accordance with the whole character of Dr. Farnham. Prudent and cautious in forming his opinions and in executing his purposes, he would hesitate long before adopting measures from which he apprehended injury, without being confident of their good effects. His estimate of the value of life and health, was too high to allow him to employ violent means, the favorable effects of which he could not clearly foresee. At the same time, when such means were advised, and reasons satisfactory to him were given for their use, he would employ them resolutely and judiciously. While no friend of Dr. Farnham will claim those high attributes of mind, or that extensive learning by which improvements in science

are made, or great notoriety are obtained, all will agree that he fully accomplished the purpose for which he entered the profession, "the earnest desire of accomplishing all the good in the world which God had endowed him with the ability of effecting," as he often and no doubt truthfully said.

"The social and domestic life of Dr. Farnham was stamped with great excellences. His domestic affections and habits were especially strong and tender. His whole heart was centered in his home; and all, whether young or old, who saw him there, carried away with them a strong impression of the unaffected kindness of his heart, and of the reality and depth of his piety.*

"It was a prominent and beautiful element in the social character of Dr. Farnham, that he always manifested a great interest in the young. A large portion of his success in his profession was achieved among this interesting class. No child could pass him in the street without a kind word or smile of recognition. And it always afforded him the highest gratification to minister to, and witness their innocent enjoyments.

"Another, and very important feature of Dr. Farnham's social character, consisted in the fact that in his spirit, his feelings, and manner of life, he always kept abreast of the period in which he lived; in other words, he always 'kept up with the times.' During his protracted life, he had witnessed many changes, some of which were for the better, and some for the worse. The latter he carefully discriminated and left alone, the former he adopted. In the whole ten years' acquaintance it has been my privilege to enjoy with him, I do not recollect a solitary instance of his having dwelt upon the superiority of the past over the present; or what is so often characteristic of the aged, I never heard him mourn for the degeneracy of the present generation. He believed that an all-wise and all-powerful God ruled in the earth, and that the world in which we live was neither standing still nor going backward.

"In endeavoring to give a brief portraiture of the religious character of Dr. Farnham, we feel less embarrassment. Here not the shadow of a doubt can rest upon the subject. There was something in his piety, the brightness of which age could not dim, and whose beauty death can not destroy. It was the crowning excellence of his character. He was known and read of all men, as an humble, consistent, prayerful man of God, and follower of the Lord Jesus Christ."

* Rev. D. W. Havens' Discourse.

A BIOGRAPHICAL SKETCH
OF
DR. ROSWELL BRONSON,
OF OXFORD.

BY P. G. ROCKWELL, M. D.

DOCTOR ROSWELL BRONSON, of Oxford, Conn., whose untimely death his numerous friends and professional brethren were recently called to mourn, was a native of Middlebury, Conn., the son of Garry Bronson, a farmer in moderate circumstances, who died when Roswell was at the age of fifteen.

His early life was mostly spent upon the family farm, with the opportunities for attending district schools during the winter months. He grew up with industrious habits, ardent and persevering in whatever he became engaged. His advantages for education from necessity being circumscribed, he was early brought to build up resources of his own, in order to enable him to mark out a course for future life. His was the class of mind which seems to defy and almost to invite obstacles in the way, rather than to be disheartened or depressed by them.

He early evinced a fondness for reading, and employed whatever of leisure time he could command in this way. By economy and industry he accumulated, as the result of labor on the farm, a scanty supply of means to enable him to obtain an education. After arriving at the age of eighteen, he devoted most of his time to study. He attended Philips Academy, at Andover, Mass., but most of his preliminary education, which was not inferior, he wrought out by himself, without the aid of instructors.

At the age of twenty-one, he commenced the study of medicine in Middlebury, under the tuition of Doct. Robert Crane. He attended

medical lectures at Berkshire Medical College, in the years 1847, 8, and graduated at the above named College in the year 1849. He spent at the hospitals in New York City most of his time during the following year.

He commenced the practice of his profession in the town of Pawtucket, R. I., where he remained but a short time, after which he removed to Oxford, and soon came into possession of a large practice.

He was married to Miss Martha Butler, a lady from Cromwell, Conn., by whom he had one child, which has since died.

Doct. Bronson was enthusiastic in his devotion to the profession of his choice, methodical in his researches, and eminently logical in his practical application of all the knowledge he obtained. Seldom has the writer of this sketch met with a young physician of the few years experience of the deceased, who possessed so many clear, well-defined principles governing his treatment of the sick. He was constantly in search for truths, not hypothesis, in all of his investigations; nothing seemed to satisfy his active mind, in relation to medical study and practice in particular, short of marked facts. It was his *peculiar characteristic* of mind to reason and rely mainly and wholly on facts. His first inquiry in diagnosis and in prescribing medicines, was for the relative facts in the case and their application to it—without these were made clear and unambiguous, he was ever loath to act. His mind was so well disciplined to this mode of reasoning and investigation, that he was as ready to act in cases of emergency as most men of much larger experience and more extensive observation. It made him reliable and safe in his practice, neither withholding remedies when necessary, nor administering when unnecessary. He had no inclination to borrow from the marvelous, or to imitate the hazardous. Truth was the philosopher's stone for which he was always in search; hence hypothesis, speculation, empiricism, never interfered with his judgment—a principle once established, it was laid up on the shelf of memory, to be taken down, whenever needed.

Doct. Bronson never neglected any means of information that came within his reach. (From the authors he sought with the humble-mindedness of a child, yet with the eye of a full grown critic.) From all well informed medical men, whether young or old, he seized with avidity each opportunity to learn. He was unremitting in his toil, self-sacrificing in duties; located where immense hardship was required to perform his every-day duties, he made it a principle to allow nothing to interfere with the discharge of them. He conversed with ease to himself and interest to those who participated or listened. He

was courteous and kind to his equals and inferiors, respectful to his superiors. He was social and exceedingly domestic, fond of conversation, yet never wasting time in that which was useless or unprofitable. He was delicate in his sensibilities, ever grateful for kindness, and sensitive to abuse. He was ever ready to contribute his mite to assist those who were in need; affectionate in his family, and among a large circle of near and remote relatives he was the general favorite. He was decidedly beloved in the community in which he lived; never has it fallen to the lot of the writer to witness more heartfelt grief by a large congregation than was manifested by that one in attendance at his funeral.

Another characteristic which marked him both as a man and physician, was unostentation in every respect. This contributed much to the just esteem in which he was held.

To his aged mother, who resided six miles from his place of residence, he was all that a mother could ask of a son. Frequently and at short intervals were his visits made to solace and comfort her by manifesting his filial interest, and no amount of fatigue, short of actual sickness, would permit him to neglect this kind office.

He was an active friend to all valuable interests of society, whether religious or secular. To sum up, in short, he was a man of sound judgment, and good practical common sense.

Had Doct. Bronson lived to the ordinary age of man, we believe he would have been a shining light in his profession, but like many others of the past and present, he was too much devoted to his noble calling to remain long upon earth. To a naturally weak constitution, and some hereditary troubles, the addition of his severe labors from childhood proved more than he could physically withstand.

During the winter of 1855, while attending to his practice, he contracted pneumonia, which in one week's time caused his death. In his death, as in life, he was cheerful, thoughtful, and resigned. He died the 14th day of December, 1855.

A BIOGRAPHICAL SKETCH
OF
DR. EDWARD FIELD,
OF WATERBURY.

BY P. G. ROCKWELL, M. D.

DR. EDWARD FIELD, of Waterbury, Conn., was the son of Dr. Simeon Field, a respectable practitioner of medicine, who removed from Longmeadow, a town near Springfield, Mass., to Enfield, Conn., where the subject of this sketch was born.

Of the childhood and early youth of Dr. Field little is known. At the age of 12 he commenced the study of medicine under the tuition of the late Dr. Cogswell, of Hartford, Conn. Having completed his preliminary medical education, he obtained a license to practice his profession from a committee acting in behalf of the Hartford County Medical Society. His inclinations and tastes, at that early day, led him to seek a situation in the naval service of the country. He was successful in his application and accordingly received the appointment of surgeon's mate in the year 1799. The commission of appointment, which is still in the possession of his children, bears the broad, bold signature of the elder President Adams. Soon after receiving this commission, he was stationed on board the new frigate Congress, which was directed to cruise about the East India Islands; but before arriving at its destination it experienced a serious storm, which so disabled the vessel, that she was obliged to return after a slow and irksome voyage of months.

The craft was repaired and ordered to the West Indies. During this cruise an affair of more serious nature occurred than that of the former voyage. A mutiny broke out in which the Dr. became crippled in one of his arms for life. These discouragements in succession

(doubtless) abated the ardor of the young surgeon for a life in the navy, for we find him at the end of two years from the time he received his commission, voluntarily resigning the same. After this experience, Dr. Field decided to practice his profession on land. He accordingly located in the then small town of Waterbury, a town which at the time he became a resident therein, was made up of sparse population and not over abundantly able to compensate a physician for his services. The region in and about Waterbury was rough and mountainous, requiring great labor and toil to discharge the duties of a practitioner of medicine; yet notwithstanding these disadvantages we find him assiduously devoted to his practical duties in this locality for a period of more than 30 years. He was married at the age of 25 years to Miss Sarah Baldwin, (the oldest daughter of Dr. Baldwin, one of the older physicians of the town,) by whom he had one son, whom he educated to the same profession with himself, and who is a respectable practitioner in the State of Michigan. In the year 1808, but little more than a year from the time of their marriage, Mrs. Field died. He afterward married Miss Esther Baldwin, the sister of his former wife, who survived him several years. By her he had five children, two of whom were sons and three daughters; all but one daughter are still alive.

Dr. Field was a man of medium height and size, prominent features, an open manly countenance, yet of mild expression. He was not over quick in his appreciative faculties, but cautious and deliberative. He was never bold in his practice; rather careful and discriminating; while he aimed at correctness of conclusion in diagnosis and efficiency in prescribing for the sick, he studiously avoided over-acting or prescribing at a venture. His practice for many years was large, laborious and unremunerative; his ride extended much into the adjoining towns. As the town of Waterbury increased in population his practice became large within its limits. He ranked above mediocrity as a medical practitioner of his day. He was for a long time a member of the Connecticut Medical Society, and took a lively interest in its transactions. He confined his practice mostly to the sphere of medicine, declining surgical cases, when he reasonably could. As a citizen he was affable, public spirited, though unobtrusive. Devoting himself exclusively to his professional duties, he never meddled with political matters, nor sought any kind of notoriety except that of a good physician and an honest man. He was the friend of good order, morality and education. He was for a long time a member of the Congregational Church in Waterbury—a consistent, practical Chris-

tian. Cheerfully he bore his share of the burthens of society, ever making additions to the large stock of respect and esteem with which he was favored. Like many medical men in full practice, as he advanced in years, with an accumulation of cares, his health became so impaired that for the last four years of his life he was obliged to circumscribe his practice. He unfortunately became depressed, and in the year 1840, whilst suffering from an unusual fit of melancholy, which amounted to insanity, he took his own life. He died, as he had lived, universally respected by his large and extensive acquaintances, who mourned his untimely death.

APPENDIX A.

The following preamble and resolutions were unanimously passed at the meeting of the Medical Society of the city of Hartford, on Monday evening, February 7th, 1859.

IN view of the former and more recently renewed attempts to deprive the late Dr. Horace Wells, of this city, and his family, of the honor and any reward which might be given them for the discovery and development of the principle of anesthesia as applied to surgery; and in view also of the efforts made and making to induce unreflecting yet generous individuals to pecuniarily recompense other claimants, *we*, the Medical Society of the city of Hartford, many of whose members were personally acquainted with Dr. Wells, participated in his experiments, and were conversant with the facts from the first, feel it our duty to pass the following resolutions:

Resolved, That having examined the testimony which has been presented in favor of the claim of Dr. Horace Wells, that he originated the idea, and was the first effectually to demonstrate the practicability of inducing a state of insensibility for surgical purposes by the use of substances inhaled, we feel assured that such was indisputably the fact, and that to withhold from Dr. Wells the credit of this discovery, which he generously gave to the world without fee or reward, is unjust and dishonorable.

Resolved, That to bestow pecuniary recompense, or honors of any description upon those not entitled to such testimonials, to the neglect of the deserving, is a discouragement to virtuous action, and we entreat all who are besought to contribute to other claimants than Dr. Wells, that they candidly examine both sides of the question, believing that if this is done, the cause of truth, which has labored heretofore under many discouragements, will triumphantly vindicate itself.

Resolved, That we consider it unworthy any member of an honorable profession that he should support claims for a patented article,

while Horace Wells, nearly two years before, proclaimed the discovery of the principle of anesthesia, demonstrated its power, gave it freely to the world, and at Boston, in the very amphitheatre of the medical school, urged its use upon the medical faculty.

Resolved, That the pamphlet called "Anesthesia," or the testimony upon the subject, arranged by the Hon. Truman Smith, collected from a multitude of our fellow citizens of the highest respectability, is a most satisfactory defense of Dr. Wells' claim, and to it we would refer any who are in doubt as to the rightful discoverer of the aforesaid principle, believing no unprejudiced person can arise from its perusal with other views than those held by this society.

Resolved, That the thanks of this society be given to the Hon. Truman Smith, for his able, honest, and zealous defense of the truth, and for his aforesaid work on anesthesia, a work which deserves the thanks of the whole profession, and of every lover of justice.

Resolved, That in approving the foregoing resolutions, we are in no way actuated by any other motive than that desire for truth which should always govern our profession; that the desire of establishing the claim of Dr. Wells for the aforesaid discovery, does not arise from the fact that he was a resident of our city, or that this discovery reflects honor upon it: but we feel that this defense is a solemn duty devolving upon us as a medical body, for on whom should it fall unless upon those personally, and best acquainted with all the circumstances of the case, who witnessed the birth of the great idea, and watched its full development.

S. E. FULLER, *Clerk*.

APPENDIX B.

MEMORIAL.

1st. Your memorialists believe it to be a fact, founding their belief, in part, on the statements made in the annual reports of the Prison, and in part on the known circumstances in which the prisoners were placed, that insanity in some of its least manageable forms usually exists there, and requires for its cure the treatment which a long experience has proved to be needed in such cases. The number of those who thus suffer will doubtless vary, as do other forms of disease which are known to prevail there.

2d. They believe it to be the duty of the State to provide for such, and for that kindred class also, who, acquitted of crime on the ground of insanity, still need careful restraint, as well as appropriate medical treatment and care; and that this provision should be made without reference primarily to its cost, but rather with reference to the moral obligation which it involves, which can no more be evaded, than its great cost would at this day be regarded as a valid reason against providing Retreats for the insane, and Asylums for the deaf and dumb and for the blind.

3d. Your memorialists have satisfactory evidence both from description and eye-witnesses, abundantly competent to form a safe opinion, that the building recently erected in connection with the State Prison for the use of the classes above named, possesses the essential requisites for securing both the comfort and cure of its inmates, while it will effectually prevent their escape. It is open to abundant light, is thoroughly ventilated, and a large yard is attached for the exclusive use of the inmates, in which they may be variously exercised, as their respective cases require.

4th. From motives of economy as well as convenience, we favor the existing location of this building, and believe that its benefits will be as many and great to its unhappy inmates, as if it were situated

elsewhere, and required a corps of officers and attendants, cooks and nurses for its exclusive management.

5th. We are constrained to believe further, from the careful study of the report under consideration, that the prison directors are regarding this humble charity too much in its pecuniary and too little in its moral and religious aspects, preferring to make a creditable balance-sheet for the State, rather than to honor its civilization and humanity, by striving within reasonable limits, to meliorate the condition of the most wretched of those to whom they are called to minister.

6th. Finally, your Memorialists cannot perceive either the expediency, propriety or economy of destroying an expensive building—for converting it into a workshop virtually amounts to this—every way suited to its purposes, while even now, in the jails of our Commonwealth, possibly without, certainly including those in the State Prison, enough to occupy at least one-half of it, are very seriously suffering for want of the privileges it offers, and that too even before it has had an organization, or even extended a helping hand to one of those for whose benefit it was erected.

[NOTE.—The Legislature decided adversely to the prayers of the Petitioners and Memorialists, and ordered the department to be abolished without trial, and the building be converted into a workshop. The matter of providing for the class above referred to, was assigned to a Committee for consideration, and report to the next General Assembly.]

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